

Appalachian
Student
Health
Coalition



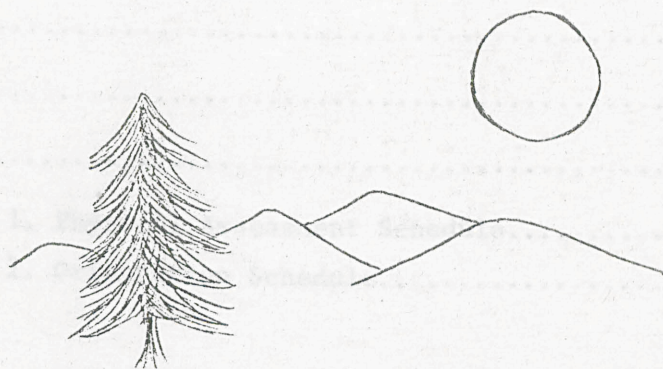
Final Report
Sept. 1979-Aug. 1980

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Appalachian
Student
Health
Coalition



Final Report
Sept. 1979-Aug. 1980

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INTRODUCTION

This is the final report of the Appalachian Student Health Coalition, September 1979 - August 1980. The Appalachian Student Health Coalition is an organization with much vitality, enthusiasm, dedication and purpose. Inherent in its composition is the idea of joining students and communities to work closely on health-related issues. In this final report, we will try to recapture students' experiences, communities' concerns and how they worked to combat local problems, lend a flavor of the Health Fairs and to recount the impact of the Coalition on the lives of many people.

This report, like the project itself, owes debts to many people. Community members inspired and thrilled us throughout the year, the Center for Health Services was a place for support and nurturing, and the entire Vanderbilt community showed its assistance in many ways. Most of all though, we would like to thank the members of the 1980 and 1981 Appalachian Student Health Coalition, who worked tirelessly in pursuit of our goals and Bill Dow, for inspiration and perspective.

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Referee:
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Health Fair Staff

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Video Project:
vicky Osborn

HEALTH FAIRS

What is a "health fair" anyway? It sounds like some sort of carnival coming to town. Who are these city kids and what do they mean thinking they can bring us health?

A health fair is the focus of an incredible amount of energy, a fire set in the middle of a community for two weeks.

The stage is set and the kindling laid months to years earlier when community leaders and Coalition directors meet to talk about issues of health and medical service in the community. The community then asks the Coalition to come and help work to meet some of the community's health-related objectives. Coalition directors and others build strong lines of communication with the community and when summer comes, community organizers are sent out to fan the kindling, to work full time to prepare the community and insure that the most good will come from the two short weeks when the health fair is in town.

Stepping back for a moment, just why do we have health fairs and why are they so important? A health fair means different things to different people. Everyone, community folks and students, gains something from the health fair.

Take the community first. The Coalition is asked to come as a helping hand (and just that, not a directing one). The health fair highlights health; it does not emphasize medical care for sick people and is not equipped to serve in that role. The health fair helps to teach people that preventive medicine and health is the responsibility of the individual and the community. The community also gains knowledge about how to work to bring better health care (for example, a clinic or a practitioner) into the community. The community builds ties of friendship to people outside who are willing to help and opens lines of communication with more government agencies.

Now there is the fire, the energy of the community focused for a time on a common goal. The energy attracts more energy. People in the community who didn't really believe that a clinic could be built or a doctor found can see that something is being done. A health fair is a momentum builder. Perhaps just as important as the health fair itself - part of it, although really something quite different - are the personal bonds of friendship which develop between the students and the people in the communities. Inviting students to live for a few weeks in a family's home, eating meals together, medical examiners talking for several hours with people coming to the health fair, softball games with community and Coalition folks, and many other activities all can't help but build understanding, trust, and friendships. Everyone gains from these friendships. People who have spent all or most of their lives in East Tennessee become good friends with a medical student from New Jersey. "City kid" no longer has the same connotation. "Hillbilly" and "country hick" have lost their meaning to the student. But students by and large don't work in the Coalition for that reason. Medical and nursing students often want the one-on-one practical experience of being a health care practitioner, of learning medical skills, and making decisions after years of books and rote learning. Students may want to see a particular part of

the country or just desire a summer job. But they come away - most of them, if they are open and willing to learn - with far more than the experience they bargained for. They have been exposed to a culture probably quite different from that in which they were reared. They have at least some understanding of the problems faced by small, financially poor communities. They have also seen the strength in these communities and in the people.

A health fair is one of a very few ways that these two diverse groups of people could be brought together for so much good. Now the fire - the energy focused by the health fair - spreads in two directions. The community has its boost of momentum. As for the students, a seed has been planted which will, if nothing else, produce better people and better health care providers. Some day that seed may bring a doctor back to practice in Guthrie, Kentucky; Robbins, Tennessee; Bumpass Cove, Tennessee; or another similar rural community.

The energy at a health fair can't really be described. It's just there. It's also everywhere in the community. To give a sense of the structure, we will briefly outline the mechanics of a health fair.

Start with the location and layout. It's probably in a school building, centered around a corridor of classrooms. Some are partitioned off with surgical sheets into private exam rooms. One is set aside for screening procedures - heights, weights, and visual acuity. Another room is the lab where a lab technician, a medical student, and community volunteers give immunizations and TB skin tests, draw blood for hematocrit and other blood tests, and perform urinalysis. The dental hygienists occupy another room. The waiting room will also be important, containing booths and often people talking about property aid programs of community interest. Finally, special testing equipment is also a part of the health fair. This includes an EKG machine, an air puff tonometer (to test for glaucoma), and a machine to test lung function.

All of this may sound like a formidable obstacle course for the person coming for a physical exam, and indeed also for the first-time Coalitioner. It actually is not.

Let's take a quick trip through the health fair. We're greeted upon entering the building by the receptionist, who helps to fill out forms and gets the papers organized, as well as scheduling patients, answering questions, organizing supplies, and keeping the medical examiners in line. Indeed a big job. We may then spend a short while in the waiting room before an examiner comes to introduce him or herself and guide us through the fair - to screening, then lab, then perhaps to sit awhile outside and finish taking a medical and social history. Finally we're brought into an examining room for a complete physical exam, head to toe. A precepting doctor is consulted about any problems and additional tests may be performed as indicated or the patient may be referred for nutritional or benefits counseling.

All through now. This has probably taken about three hours, a long time, considering that most doctors on a good day might average five minutes per patient. However, the exam is thorough, and the person has the chance to talk about any problem whatsoever.

The usual health fair lasts two weeks or ten examining days, with an average of sixty people seen each day. A few weeks later, the health fair team returns for follow up, in which the examiners again make contact with all of their "patients". (See Follow-Up).

The basic organization of each health fair is the same, but each community is different from the next. They all have different needs, objectives, and physical resources, so health fairs must be tapered to fit these attributes.

Guthrie, Kentucky, is a farming community and town of 2,000 people without a health care provider. The townspeople realized that a clinic with a nurse practitioner or doctor would be necessary for continued growth of Guthrie. They wanted the Coalition's help in organizing people, connecting up with government agencies, and just building momentum. The Guthrie health fair was one in the basic model, aided by a lot of enthusiasm.

Robbins, Tennessee, was a different story. The Coalition had been there six years earlier, but momentum in the community had stalled after the clinic building was constructed. The Coalition was asked to return to light the fire again, to bring in more community people, and to regenerate the enthusiasm necessary to bring a health care provider into this mountain community. The health fair was just a week long and was held in the nearly completed clinic. Softball games, music, a book mobile, several evening classes, and much work by the community organizers helped to publicize what the health council was doing.

In Bumpass Cove, Tennessee, the Coalition faced a unique challenge in that the community group wanted help in raising public awareness to a toxic chemical dump and collecting baseline physical data on the health of the community. An eventual clinic was not the aim of this health fair. It was again held in a school and physical exams were given, but most of the emphasis was on building awareness to the chemical hazards in the community, and momentum to do something about them.

FOLLOW - UP

The relationship between the Coalition and a community is complex, lasting from the first contacts in the fall or spring before the health fair itself through the entire summer--or longer. Yet the health fair team has only two major opportunities to meet and form a link with the communities, the health fair and follow-up.

Follow-up is important for several reasons. On the surface it is a chance for the health fair staff to find those patients about whom they are concerned and to attempt if possible, to "complete" their care of those patients. This "care" might involve educating a person about his or her lung condition, further rights and benefits counseling, talking with a mother about her alcoholic husband, taking a diabetic woman to the doctor, or just listening, listening to other human beings talk about the meaning life holds for them.

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The word "complete", in referring to this care, is, of course, a presumption, for in the time span of three weeks one can only hope to spur people's interest in themselves so that they can then complete their own care. Thus the health fair team, with the help and support of community organizers, worked toward this goal. One person held a seminar on circulation in Robbins. Another started an exercise class in the basement of the Methodist Church in Guthrie. A third gave seminars on alcoholism at all three sites. Others gave classes on nutrition, medicaid and the measurement of blood pressure. In all three sites the communities were supportive and interested.

But it was not all good, actually. For in that time staff members were forced to face their often limited ability to really help. Despite numerous efforts in gaining financial support for a diabetic with uncontrolled hypertension (in Robbins) none was found, and the man had to be left without money for his medications. Daily visits to a woman (in Guthrie) with early emphysema were unable to help her break out of her self destructive use of tobacco and alcohol. A mother could not be convinced of the importance of sound nutrition for her children...yet all of these experiences, in their own way, were instructive.

Out of the phone calls, follow-up letters, and home visits came more stable friendship with the communities. Their trust in the Coalition grew when they realized their own importance to us, and our personal growth was enhanced greatly by the chance to know these people in their own environments, to spend some time with them away from the rush of the health fair itself. Perhaps the underlying value of follow-up, then, lies with this mutual trust and friendship.

✓
The most important factor for me personally is working closely with other students who share a similar mixture of idealistic and pragmatic goals. This support group was important for reflecting on how things were going and special insights they had had. This group impressed me with its resiliency and ability to persist in trying to resolve conflicts. They renew my faith in the hope that medicine will do better than the present status quo in service to where it is needed. The second factor in my happiness is the way communities and individuals open their lives to us. Clearly they do this because they perceive that they are receiving something valuable in return. I would like to think they receive assistance in making decisions for their own health and insight into how they can maintain control over their own lives. I would have had no other opportunity in my education to observe rural community dynamics were it not for my time with the Coalition this summer.

--Tom Rand
Medical Student

In the long run, perhaps one of the most rewarding memories I will have of my summer experience will probably be in my special project of learning about and presenting talks on alcoholism to community people. Because of the personal growth I feel that project gave to me as well as the help, however small, it gave to certain community members, I strongly recommend that this type of program be expanded in future years.

--Paul Robinson
Medical Student

This summer offered me a much needed look at medicine from an angle I had not yet been able to hold. Having been able to work with real live flesh and blood people, I hope I will more easily plod through the rigors of my second year of med. school. The summer has been one holding happiness, sadness, challenge, love and hope. It has been a fantastic experience which I will never forget. Everyone did a fantastic job.

--Paul Robinson
Medical Student

I have learned so much about how far "normal" extends, what it's like being on the care-giving side, being able to relate to the doctors on a one-to-one basis and they taking my word as truth. Working under extreme conditions, i.e. heat and flies in Bumpass Cove, the number of patients in Githrie and the small building in Robbins, the long hours at the fair and charts at night. I have learned where my career goals lie. I have become emotionally involved in community issues, i.e. the landfill and stripmining.

--Mary Alice Johnson
Nursing Student

Coming out of my most intense year of schooling, interacting with a variety of people and being welcomed into homes and accepted from the outset was an important change. As I've said earlier, I grew tired of medical examining and have been led to some thinking about how I want to practice medicine or use an M.D. The experience was primarily the folks, both in the Coalition and in the towns. The climate was conducive to learning from one another--skills in interviewing and examining patients (lack of privacy means a free interchange of style, approaches), ideas of how things should run, etc. Though at the time some exchanges seemed hostile and the whole process a hassle, now I recognize the value of the information/value exchange that occurred, which is something I've noticed as lacking in my medical education so far.

--Charlie Cochran
Medical Student

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There were good things done by the Coalition in all five locations this summer. I feel very positive about the impact that it had. I am frustrated though too, because with just a little more organization and planning, the fruits of our labors could increase many fold.

--Lori Talbot

Receptionist/Health Educator

✓ After the summer's experience, I can use a physical examination to both educate patients and screen them for disease. I learned how to empathize with patients while seeing them professionally. I came to respect and care for the other members of the health fair team, and to interact with my colleagues and the precepting physicians on both professional and personal levels. I learned to work with their individual philosophies and I recognized the importance of each member of the health team (medical examiner, dental hygienist, nutritionist, rights and benefits counselor, community organizer, health educator, and receptionist).

--Chris Jacobs

Medical Student

I came to respect the people we encountered through the Coalition, and I grew in understanding of their way of life. I had previously unconsciously considered Appalachian lifestyles somewhat stagnant and empty. I now see that although little socioeconomic and educational "progress" is made from generation to generation, there is a certain value and richness in the cultural stability and strong family ties of the Appalachian people.

This summer I also began to see the full scope of health. I learned that social, economic, educational and legal factors are often more important to a patient's health than a doctor's strictly "medical" advice.

--Chris Jacobs

Medical Student

After working with the group for a summer I am convinced of its value and am a strong supporter for its continuation in the future. I felt fortunate in my role as a medical examiner... Intellectually, I have learned a great deal concerning physical diagnosis. I felt fortunate in this respect because this knowledge would not be acquired through my academic curriculum alone. Emotionally I have learned about independence, self-initiative and responsibility. These attributes seemed essential for a productive summer with the Coalition. Although I mentioned independence as a quality, I feel that the ability to interact in large groups is equally as important. I felt that this was a time of increased self-awareness and introspection.

--Sue Sotiropoulos

Nursing Student

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I was very apprehensive about this summer- scared about encountering foreign things, but I've decided that there is no reason to be so scared because personal adjustments can be made.

One very nice memory I have (it happened two or three times) is a big hug or kiss from a patient following an exam.

-- Carolyn VanBochove
Nursing Student

I feel the health fair staff builds awareness in community people of their own personal health as well as the needs of the community as a whole.

--Vicki Wineland
Nursing Student

I remember walking with Herbert Storey in Bumpass Cove; he showed me some edible wild plants, including maiden hair fern from which a tea can be made for kidney ailments.

Meeting the people and seeing that they cared about me and I cared about them- this interchange is what makes the long hours worthwhile.

--John Collins
Nursing Student

....what I got out of the summer was most of all a feeling for the questions I'll have to ask and answer myself--questions about the kind of doctor I want to be.

--Peter Marshall
Medical Student

My most valuable experience this year was sharing with other Coalitioners. Another unique aspect is getting to know a different culture especially in the specific families with which we stayed.

--Miller Batson
Medical Student

....the word "coalition" in our group's name applied not just to the students working in our team, but to the members of each community as well.

In simple terms, the Coalition succeeds where other groups fail because we advocate a neutral issue, health, which all people support.

--Dave Burack
Medical Student

The Coalition experience is one I would recommend to anyone who seeks to go into a care-giving profession of any sort. The people with which we work are top-notch, and the program has stood the test of time and helped thousands of people along the way.

--Woody Woodall
Medical Student

DENTAL HYGIENE

Throughout the history of the ASHC dental hygiene and education has played a very important role. Dental health is an extremely serious problem throughout rural American and particularly Appalachia. Many areas lack any dental care and nineteen-and twenty-year olds without teeth are not uncommon. For the past several years the ASHC has been fortunate enough to have dental hygiene graduates from East Tennessee State University participate as active and vital participants in the summer program of the ASHC. This year, in collaboration with Susan Colangelo, instructor of dental hygiene at ETSU, three graduating students were hired.

Oral inspections were performed on each of the over 1,300 people attending the three health fairs. At the time of these inspections each person was advised as to eating habits to promote good dental hygiene as well as instructed in the proper care of their teeth or dentures. Children and adults were presented with free toothbrushes and taught the importance of brushing their teeth. Practical instruction on brushing technique was also provided by the dental hygienists. In addition, referrals were made to dentists or dental clinics to take care of problems such as caries, periodontal disease, and tooth abscess.

This summer was unique and especially rewarding to the Coalition as well as the ETSU School of Dental Hygiene. Bumpass Cove, Tennessee, was very close in proximity to the ETSU campus which enabled several additional students in the dental hygiene program the opportunity to come and witness a "health fair" and participate as dental hygienists. The Coalition greatly appreciated their support and interest and hope they enjoyed and benefited from the experience. The ASHC remains indebted for the continued support it has received from this school and Ms. Colangelo for her many efforts and continued interest.

The knowledge that I acquired and built upon this summer is tremendous. The pathological entities that I recognized as well as the symptoms related to these conditions were a bit of my book knowledge put into practical use. As I learned this summer, group decisions are very difficult to obtain without a former leader or procedure... The various positions the staff has shouldn't interfere with the cohesiveness of the group. The entire staff is equal, the roles they play should be the only difference.

--Lavada Talley
Dental Hygienist

In the beginning of the summer I felt apprehensive about working with a group of strangers on a job I knew very little about. By the end of the summer the "group of strangers" had turned into a group of friends who I had learned from and shared with. The most rewarding part of the job was when a patient would thank me for my patient education and really mean it. I was able to tell people things they never knew about their teeth and oral condition. I feel like the hygienists enlightened a lot of people.

--Lisa Bristol
Dental Hygienist

I believe that the role of the health fair staff is to give free examinations to the members of the community and to ignite a flame in the community. This flame should be one of enthusiasm that spreads to every member of the community. Members of the staff should get to know their patients and individualize their patient education according to their patient's needs.

--Tena Andrews
Dental Hygienist

RIGHTS AND BENEFITS

For the past four or five years the Coalition has hired rights and benefits counsellors, usually law students. Their primary task has been to work with individuals to insure that they are getting proper food stamps, medicaid and medicare benefits and the like. Para-legal work on contracts and wills has also been common. In many ways, Coalition rights and benefit people have served as feeders to Legal Services Offices and as outreach officers for State Departments of Human Resources.

Theoretically, rights and benefits counselling fits in well with the Coalition's traditional emphasis on seeking long term solutions to health problems. Many health problems are rooted not just in problems of access to care but also in problems of cost. By linking individuals up with structures of social service delivery, long term payment schedules can be worked out and proper maintenance care insured.

This year, Kieth and Hank continued the work of previous rights and benefits counselors while expanding into new directions. In addition to the traditional ones, they worked extensively with disability cases, on proper referrals of children with developmental problems, on interpreting vagrencias in the Hill-Burton Act, and developed and taught several classes on topics such as "How to Buy Medical Insurance,". Many of these tasks involved considerable digging--e.g. who is the school social worker in Todd County, what are the administrative regulations under the Hill-Burton Act, but much was also straightforward as all federal aid programs have a consistent line of logic.

Like all social service work, rights and benefits counselling for the Coalition is both very human and quite depressing. Much of the most important time of the summer was spent sitting on folks' front porches, sipping iced tea and listening to people stories of the tragedies of life; of the withered women in Guthrie who was worried because her husband was dying from emphysema and they were both a long way from home and the family graveyard in Oklahoma; or the man in Bumpass Cove who knew he couldn't feed another kid but saw one coming. Life is cruel, one learns counselling, and federal programs are grossly inadequate and misguided. But it is fascinating and very instructive.

For nine weeks this summer I lived in three Appalachian communities. It was an education. Like most of the Northern contingent of the coalition, my background is urban, political and fairly analytical. The rural Appalachian South is none of these things. It is less developed, but in the "backwardness" there are rare qualities, qualities which I came to admire. I still find it hard to stand in anything less than awe of the Storeys, both for their contribution to the stopping of the trucks in Bumpass and for their hospitality to Ted and me when we stayed in their home. It is not just that they gave us their bedroom and slept on the couch but that they did it effortlessly and gracefully like there were no other possible options. Unlike the ethnic neighborhoods I had studied in the North, places like Bumpass still function as communities where kin stand as a protective layer between family and the outside world. The importance of perserving and protecting these places is easy to underestimate while sitting in New York.

—Hank Webber

Rights and Benefits Counselor

HEALTH FAIR SITES

This summer we had two priorities in selecting health fair sites: (1) We felt a strong commitment to follow up on old Coalition sites. We were aware that there were a number of Coalition-inspired clinics which were now in trouble, and we felt a responsibility to offer additional support where possible, and (2) we had a keen interest in sites where we could incorporate health education, especially around environmental issues.

Robbins, Tennessee, fit our first priority. The Coalition had visited Robbins in 1976, a health council had been formed, and a clinic building raised but never opened. The community had lost interest in the clinic venture, and we hoped that another health fair held in the clinic building would elicit new enthusiasm for and awareness of the clinic, and that it would revitalize the health council.

Bumpass Cove fit our second priority. A concerned citizens group working on the community's environmental problems (an adjacent toxic landfill) had invited us to do a health fair with a strong health educational emphasis, to establish environmental education resources, and to improve the general quality of the community's life.

Guthrie, Kentucky, our third site, choose us. One day in the late Fall, Sister Mary Joseph from Guthrie appeared in our office and invited us to come speak at a meeting of community people interested in improving local health care. We went to that meeting, and explored with those present the local health care status, their desires for improvement, and their options. It was clear--Guthrie wanted a clinic, and our initial assessment was that this appeared feasible. To say that Guthrie was extremely receptive is a gross understatement, the Coalition was bribed with affection, community affection, and potlucks to choose it as a site.

The location of Guthrie, i.e., outside of our usual target area of Appalachia, generated some questioning, but the Coalition finally decided that need and potential for change were more important than location when selecting sites. Guthrie's location actually turned out to be lucky--because of its close proximity to Nashville we were able to visit frequently during the school year, and every Vanderbilt coalitioner (and many out-of-towners, too) had a chance to visit the Guthrie community before the summer and to get an exposure to how the Coalition community organized. We were able to organize Guthrie extensively prior to the summer. By early Spring, the health council was functioning, and its technical assistance needs had gone beyond the scope of the Coalition. At this point, we introduced Jay Harrington, from the Tennessee Association of Primary Health Care Centers to the health council and turned the technical assistance over to him.

The purposes of the health fair in Guthrie were to publicize the clinic efforts, to lend credibility to the health council, and to keep the health council excited about its achievements. Council members took on the usual responsibilities of the summer community organizers, finding housing, transportation, food, etc. for the health fair. The council's organizing of the health fair was an internship for the organizing of the clinic.

1	2	3	4	5	6	7
← NASHVILLE →						Montgomery Bell State Park
8 M.B.S.P.	9	10 Molly, Karen b-days	11 Libby's b-day	12	13	14
	← 9-5	9-5	FAIR - Guthrie 9-5	off	9-5	9-5
15 Jane's b-day	16	17	18	19	20	21
off	← 12-8	9-5	9-5	9-5	9-5	off
22	23 Barbara's b-day	24	25	26	27	28
off	← 9-5	12-8	9-5	12-8	9-5	off
29	30 Special Projects					
off						

JUNE

		1	2	3	4	5
		SPECIAL PROJECTS →				off
6	7	8	9	10	11	12
off	←	FOLLOW-UP - Guthrie →				off
13	14 Jennifer B's b-day	15	16 Dan's b-day	17	18 Cousin's wedding	19
off	9-5	9-5	9-5	9-5	9-5	9-5
20 wedding	21	22	23	24	25	26
off	off	FAIR - Bumpass Cove 12-8				off
27	28 Mary J's b-day	29	30	31		
off	*Mid-Summer Conference* (MANDATORY)			Follow-up Robbins		

JULY

					1	2
					*FOLLOW-UP - Robbins →	
3	4	5	6	7	8 Lori's b-day	9
off	← FOLLOW-UP - Bumpass Cove →				Banquet	

AUG

GUTHRIE

Guthrie is a small town, located in the south-central part of Todd County, on the Kentucky-Tennessee line. Guthrie is a former boom town in decline. In short, when the railroad was busy, so was Guthrie. Neither of the two are any longer. The population of Guthrie is about 1,350, divided fairly equally between whites and blacks. However, the term "on the other side of the tracks" is literal when referring to Guthrie. South Guthrie is the section of town in which the blacks live. It is very poor and run down, unlike the white section of town.

As opposed to other areas with merely a town name, Guthrie is a real community and one senses this upon entering the town. Part of this is due to the geographical layout of the town. The small town area is a central point around which the community members live. If one does not live or work near the main street, one would pass through it frequently. The Senior Citizens' center is probably the most active place in Guthrie outside of the churches. There are about ten churches in the town and most community-minded groups arise out of the congregations.

The Guthrie Community Health Council was established during the winter of 1980 during one of the ASHC co-director's meetings in Guthrie. When the Health Fair arrived in June (much of the planning was down by the Health Council), the GCHC was incorporated and on its way to securing plans for the prospective clinic. They were in contact with outside resources, such as the Tennessee Association of Primary Health Care Centers, the Department of Human Resources and TVA.

Guthrie was the first Health Fair site for the summer of 1980. Michael and Mary arrived in town with the Health Fair and found their role during these two weeks relatively non-specific. It was, however, a great time to meet community people, for the fair reached out to young and old, black and white, poor and well-off. Besides this, the Health Fair, which ran very smoothly, created trust and credibility for Michael and Mary to build upon for the rest of the summer. The Health Fair also generated new interest and enthusiasm about health-related issues and strengthened already established concerns. The organizers work was facilitated by the energy, interest and genuine hospitality of the Guthrie community.

After the Health Fair, Michael and Mary kept up with the Health Council and went to all the meetings but spent most of the time on smaller projects which arose during the Health Fair. One major concern for many people was that of obesity; this is a common health problem in Guthrie. The medical examiners would frequently refer patients to Dan, the Nutritionist at the Health Fair. Dan contacted an officially instituted program called TOPS-Take Off Pounds Sensibly. TOPS is solely a support group devoid of counseling, diet or exercise, but is meant to help and support those who need to lose weight. The closest TOPS group was in Elkton, the county seat, 13 miles away. Not only were the Guthrie folks unaware of TOPS, but there was a transportation problem for most of the interested people. Well, by the end of the summer, TOPS was officially started in Guthrie, and is still thriving today!!

Michael and Mary also followed up on some work the Rights and Benefits counselors had done during the Health Fair. They had explained to eligible women about WIC, a federally funded nutrition program for pregnant Women, Infants, and Children. WIC provides fruit, cereals, and dairy products to pregnant women and mothers with young children. In each county in Kentucky, there must be a minimum of 2 grocery stores which accept WIC vouchers. In Todd County, there were 2, and only 2, such stores and they both happened to be in the county seat. That did little good for families in Guthrie. WIC vouchers are now being accepted at the local IGA and Dean Jr.'s grocery store, both in Guthrie.

Michael and Mary also planned and carried out, with great success, a panel discussion in Guthrie of four family nurse practitioners from the Vanderbilt School of Nursing. About 40 people attended, roughly half black and half white. We considered the fact that about 20 blacks came a great achievement, considering that the Health Council is made up of mostly whites. This may have been due, in part, to the good relationships that the community organizers had established within the black community. The panel lasted about 2 hours, with many questions from the audience.

Since the summer, the Guthrie community has made considerable progress with the work on the health clinic. Community members organized a bike-a-thon in October that raised \$3,000.00. In November the Center for Health Services pleased a VISTA worker with the Health Council to serve as staff. The Council is now busy raising funds for the clinic and recruiting a provider. To assist with these fundraising and recruiting efforts, a video tape has been completed by Vicky Osborn on Guthrie's work toward establishing a clinic.

Working with ASHC was an incredible experience... I learned to set a pace in accordance with the community's and with Michael, my co-worker. I learned to adjust myself and sacrifice some things in order to be a better community organizer. It was, at times, very tiring and I missed my privacy and my ability to totally relax in the community. Whatever, Michael and I had to do to better ourselves as community organizers was all worthwhile. I think we were successful in many ways. We were able to uncover some ideas, follow through with them and make ourselves useful in a community in which we, at first wondered what we would be able to accomplish.

-- Mary Wagley
Guthrie Community Organizer

If I did more of one thing than any other this summer, aside from enjoying it, it was learning. In Guthrie I learned about southwestern Kentucky small-town life. I got a brief experience of what "racial tension" means in the south. Also, I developed a better perspective on my only city upbringing and normally academic living environment. Further, I took the first steps toward an education about the politics of health care and began to have opinions about health care delivery which rests now on more than thin air. I also learned from fellow coalitioners

about health care issues. Watching some physical examinations also enriched my view of "health care" and brought life to such phrases as "primary care" and "being a doctor". I also learned what a nurse was and gained incredible respect for nursing.

--Michael F. Grunebaum
Cuthrie Community Organizer

More Persons Examined Than Expected

Todd Standard

Guthrie Health Fair 'Outstanding Success'

The Guthrie Health Fair has been described as an "outstanding success" by members of the Student Health Coalition from Vanderbilt Medical Center after 645 persons presented themselves for physical examinations over the two-week period.

A spokesman for the Guthrie Health Council which sponsored the fair said the expectation had been for about 500 appointments, or about 50 per day for the 10-day event. Instead, the Health Fair averaged 64 people per day and an additional 70 callers had to be turned away because there wasn't enough time to schedule them.

Rosemary Park, Guthrie, who has handled the publicity for the Health Fair, noted the Health Council extends its thanks to Larry Tribble, principal of Guthrie Elementary (who will become county superintendent on July 1), and the Todd County Board of Education for providing the use of Guthrie Elementary for the Fair.

The fair was staffed by students from Vanderbilt who were housed during their two-week stay by citizens in Guthrie. A number of local volunteers took care of making appointments and providing transportation to those who wished to utilize the ser-

vices available.

The week of July 6-11, the Student Health Coalition will return to Guthrie to provide follow-up services to persons who were found to have medical problems, Mrs. Park said. Persons needing further treatment were referred to local physicians during the Health Fair.

Two members of the coalition, Mary Wagley and Michael Grunebaum, will be staying in Guthrie until Aug. 9 to assist Health Council organizers in continuing the necessary work toward setting up a permanent health clinic in the community.

Mrs. Park said, "The overwhelming turnout during the Health Fair seems to reflect a need for an ongoing medical program to serve Guthrie and the surrounding area.

"Lack of available services in Guthrie makes it difficult or impossible for some to obtain adequate medical services, often due to the problems of traveling the distance to available services. The Guthrie Community Health Council is presently making plans for a permanent medical clinic to be located in Guthrie and to be in operation by the end of the year."

Guthrie Health Fair Is A Success

Leaf Chronicle

Nearly 600 people received free physical examinations as a result of the Guthrie Health Fair held June 6-20 in Guthrie, Ky.

The event was co-sponsored by the Guthrie Community Health Council and the Student Health Coalition from the Vanderbilt Medical Center. The traveling health fair was staffed by community people, nursing personnel, medical students and physicians.

Rosemary Park, of the health council, said the clinic was

"booked solid" and many people were placed on waiting lists. Some of the participants will be seen in a follow-up clinic to be held July 6-11.

Park said the physicals took from two to three hours each. The physicals included laboratory analysis, immunizations, EKG's and chest X-rays. During the last week of the fair, a dental hygiene clinic was added.

The 35 staff members of the Student Health Coalition lived with

families in the community while the fair was in progress. Community organizations provided meals for the coalition members.

Despite the success of the health fair, Park said it will not be an annual event.

"The Health Council is hoping to establish a permanent health clinic," she explained. "Right now we have to drive to Clarksville or Hopkinsville, and not everyone can afford to do that."



AGES, ranging from the newborn to those past the century mark, come to the Guthrie Health for free physical examinations. Elizabeth Park, the 2½-year-old daughter of Mr. and Mrs. Joe , Trenton, is unsure she really wants Charlie Cochran, a Vanderbilt medical student from nta, Ga., to test her reflexes with that tuning fork. The next minute she dissolved into tears.



TIME OUT — Even for hard-working medical students, it is helpful to get a few minutes out of the routine for some recreation. This group found what they were looking for on the playground behind the school, and they took full advantage of the break to stretch tired muscles after a day in which they may see as many as 50 to 60 individuals who come from throughout Todd County.

Guthrie Health Fair A Success

GUTHRIE, Ky. — Residents of this small Southern Kentucky city are busy this week in an effort to make their fellow Todd countians healthy, and they have plans to try to keep them that way.

For the past week, the Guthrie Community Health Council has been conducting a Health Fair at the school here, working in cooperation with the Student Health Coalition of Vanderbilt Medical Center, Nashville, Tenn. The fair continues through Friday.

While the fair is not meant to be a treatment clinic, the medical and nursing students come equipped with the knowledge and equipment to give a complete physical examination with the exception of X-ray work (they had planned to have an X-ray machine available, but were unable to get it hooked up).

The examinations, which require from two to three hours, are being conducted by members of the Student Health Coalition under the supervision of doctors. While at Guthrie, the students are living with members of the community who also are providing aid in registering those who come to the

fair. While it was not possible to determine just how many Guthrieites actually are involved (they come and go in a constant stream), it would be safe to say the program is a "whole community" undertaking.

In addition to the physical examination, all who come to the fair are given free immunizations when needed, along with treatment of minor illnesses. More serious conditions are referred to area physicians or other medical services.

The students and doctors have been kept busy during the past week — on some days, they have done 50 to 60 examinations.

When the fair is over the work will not be done. The team will be back the week of July 6-11 to provide follow-up services.

Nor will the work of the Guthrie Community Health Council be complete. The group has been organized to acquaint the community with the need of medical services in the Guthrie area and plans have been formulated to find ways to design, build, and staff a clinic in the city. Guthrie at present has no medical doctor.



SPRY AT 104 — Mrs. Jennie Allensworth, just shy of her 104th birthday, takes advantage of the free physical examination during the Guthrie Health Fair which runs through this week. Mrs. Allensworth, undoubtedly one of Todd County's oldest citizens, gets her blood pressure checked by Kathy Kersting, a Mount St. Joseph nursing student who hails from Cincinnati, Ohio.

Guthrie Health Fair Well Toward Goal

By Don Ogilvie

More than 60% of the financial goal for the upcoming Health Fair in Guthrie June 9 through 20 has already been met. The funds were raised as new and used merchandise, donated by individuals, families, and merchants was auctioned at prices ranging from 50 cents to \$425 Saturday, in downtown Guthrie.

The sale proceeds were \$2,875. Cash donations prior to the sale were \$250, and profits from food furnished and sold at the auction by the Senior Citizens' Center was \$80. This total of \$3,205 represents 64% of the amount which will be necessary to defray the expenses of the Health Fair plus the greater amount to renovate a city building to be ready for a clinic which

will be staffed by a Nurse Practitioner beginning this fall.

The staff of approximately 29 medical personnel will be guests in homes in and near Guthrie for the two-week period of the Health Fair. Hosts will be responsible for providing breakfasts and the evening meals, but a portion of the money raised will be needed for providing meals to the staff during the noon hours. Bonney Wolfe will be arranging housing again for the follow-up clinic July 6-11 when the staff returns for the necessary follow-up as a result of findings in the June examinations.

The physical examinations, including all laboratory tests, X-rays, etc., will be free. It has been many, many years since Guthrie has had a physician, so it is the hope and intent of the Health Council that the Health Fair, and then the clinic with the Nurse Practitioner, will be the two steps leading to once again having a resident physician for the community.

As is often the case, when an endeavor is undertaken for the betterment of a community and its residents there many times are only a handful of citizens with the determination to carry the load—at least in the formative stages. The ongoing success of the Guthrie Senior Citizens Center, last year's Centennial Celebration, the recent successful Bike-A-Thon, the Health Fair Auction last week and the Health Fair itself next month are examples of much hard work and dedication by basically a small percentage of citizens to whom the entire Guthrie community is indebted.

The list of names of the Health Council Board members is incomplete at this time but its temporary officers are: Nick Mejia, chairman; Mrs. Elsie Elliott, vice chairman; Mrs. Mason Morris, treasurer; Mrs. Dean Moore, recording secretary, and Mrs. Joe Park, corresponding secretary.

Guthrie's Health Fair Is Scheduled To Begin

By DON DeMARSILIS
NEW ERA Staff Writer

GUTHRIE, Ky. — A health fair, sponsored by Vanderbilt University's student health coalition from Nashville, Tenn., will begin here Monday.

During two-weeks of operation, the health service will be held various times and days at Guthrie Elementary School. Officials said area residents may call for an appointment to obtain medical services that will be offered.

Third and fourth-year medical students, under a doctor's supervision, will provide the health services to citizens.

Besides Guthrie, persons who live in south Christian County, north Montgomery County, Tenn., and other surrounding areas are being invited to visit the health fair.

Besides Vanderbilt students, the traveling medical clinic will be staffed by community residents and nurses who will help in conducting free physical examinations, laboratory analysis and needed immunizations.

Others tests including chest X-rays and blood work will be carried out if necessary. Minor illnesses also will be

treated during the clinic's operation here.

Officials said if a major illness is detected, the attending students and physicians will follow through by assisting in contacting proper agencies and area physicians.

During their stay in Guthrie, students and others traveling with the Health Fair will be living with families in the community. Some meals for the students are being provided by local churches and community organizations. The number to call for an appointment to the Health Fair is (502) 483-2017.

The local Health Fair was initiated by citizens as part of an overall project designed to improve health care service here. A group, calling itself the Guthrie Community Health Council, is working toward an ultimate goal of establishing permanent health clinics at Guthrie, Trenton and Allegre.

Earlier, officials said establishing clinics in Trenton and Allegre is a future dream, but an immediate goal is to establish a health clinic in the former Guthrie City Jail. Prisoners now are taken to the Todd County Jail at Elkton.

ROBBINS, TENNESSEE

Robbins is a small town in Scott County, Tennessee, lying high in the Cumberlands. Predominantly it is mining country; traditionally deep mines, but in the last year strip mines. While the county has been one of the poorest in Tennessee, recent developments surrounding the Big South Fork National Park promise some economic improvement in the future.

The Highland Health Council was started in 1974 following an Appalachian Student Health Coalition health fair in Robbins. The health council built a clinic building with revenue sharing and local fund raising monies. The effort to operate a primary care clinic in Robbins died out, however, when the health council failed to get clinic funding approved despite the fact that they had already received a certificate of need. In 1978, the Highland Health Council applied to join Mountain People's Association, a network of three pre-existing clinics which serves as an administrative body and coordinates services among its primary care sites. With the support of Mountain People's, federal money was requested to complete the building, pay a nurse practitioner, and stock the clinic with equipment and supplies.

In April 1980, after extensive conversations with the ASHC codirectors, the Highland Health Council asked the ASHC to conduct a health fair in Robbins with the objectives of working to open the clinic and increasing the number of people interested in health care in Scott County. The Appalachian Student Health Coalition agreed to hold a one-week health fair in the clinic building, which by that time had been abandoned and was overgrown with weeds. The community organizers, Sabrina and Karen, arrived in Robbins 1½ weeks before the fair, and found that almost no work had yet been done on publicity, housing, or food for the health fair.

The community organizers talked to health council members individually and arranged a council meeting to discuss health fair preparations. After a few days, it became apparent to Sabrina and Karen that the clinic effort was a little-known phenomenon to everyone outside of the health council. The overgrown building on Highway 52, Mountain People's Association, and the upcoming health fair were almost unheard of, and of little concern to anyone. The health council was tired and burned out after six years of futility. All work towards a clinic or towards dealing with community health problems had stopped on the local level. Mountain People's Association administrators were still working on a clinic grant but there was no local participation in that process.

In this situation, the community organizers and the Coalition resolved to facilitate the opening of the clinic, to increase local participation in clinic development, to increase visibility of the clinic to people within the clinic catchment area, and to rejuvenate the local health council as an effective group dealing with community health concerns.

To facilitate opening the clinic, the organizers conducted a survey at the health fair which provided a recent data base to accompany the Mountain People's grant application to the Health Services Administration hearings. Karen and Sabrina attended the HSA hearings in Knoxville and spoke about the health fair. The community organizers also worked as a

liason between Mountain People's administrators and local folks. Their presence portrayed to Mountain People's Association a sense of ACTION in Robbins, facilitation the incorporation of the Highland Health Center into the Association. Lastly, Karen and Sabrina induced the long-overdue election of local representatives to the Mountain People's board, forming a permanent liason between the clinic administrative body and the local health council.

In terms of developing a broader-based community awareness of the clinic, the health fair was a good tool. Use of the clinic building for the fair made people aware that the clinic effort has progressed and that the clinic would open in the near future. After the health fair, the community organizers embarked on a series of home visits to inform isolated members of the clinic catchment area about the upcoming health center events. Although time-inefficient, the home visits successfully reached many people who were not active in community functions, and hopefully gave them a sense that the clinic would be theirs to use.

Much of the Coalition's initial interest in Robbins was aimed towards rejuvenation of the dying health council. The health fair provided a set of tasks which the health council accepted as its responsibility. By providing "things to do" the health fair helped to rejuvenate the council. Soon after the health fair was over, however, the health council started to slip as previous failures had left their mark on the community's energy. The organizers initial effort to get the council going was to encourage the spending of \$3,500 worth of county money delegated to the Highland Health Council for the clinic building. Certain members of the board were wary of this, however, not wanting to invest taxpayers' money unless the clinic was a sure thing. Soon this route was dropped as were other attempts to directly energize the health council.

Karen and Sabrina and the rest of the Coalition did feel it was crucial to have some organized health project in the community to keep the clinic effort alive, however. The project we designed was a health education task force made up of non-health council members but serving as a sub-committee of the council. The organizers formed the committee membership and facilitated the development of the task force structure and leadership. Kevin, as a health educator, did an extensive assessment of health education resources. This assessment served to provide information for the task force. As we left Robbins, the task force was well underway, having put on a successful Blood Pressure Class as well as publicizing the Alcoholism, Nutrition, and Health Insurance Program represented by Coalitioners during follow-up.

Many of the Coalition's goals in Robbins last summer were met. Perhaps one major shortcoming, however, was that we did not directly involve people who were not already visibly active in community affairs in the health projects. While strange faces did attend the blood pressure classes and the health fair, they have not as yet crossed the line from being recipients to planners. Without a longer stint in communities, it may simply be impossible to mobilize new leaders. In any case, we leave with confidence that health conditions will improve in Scott County in the near future and the Highland Health Center will become a reality.

P.S. March 15: From the vantage points of six months it is clear that our original conclusions were too modest. The clinic grant was approved in October and in January a physician was hired to begin practice on July 1. The health education task force has continued to meet regularly and held several excellent programs. With the coming of the clinic even the Health Council has revived and shown new energy. A success story!

I have not felt qualified to be the Chairman this summer as I could have anticipated the interesting work the group has done. I have kept to a minimum. The role of the organization has been to help the group, but for the most part, the group has been able to take care of itself. I have not felt qualified to be the Chairman this summer as I could have anticipated the interesting work the group has done. I have kept to a minimum. The role of the organization has been to help the group, but for the most part, the group has been able to take care of itself.

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Chairman, Community
Organization

Leaving Robbins, Tennessee this summer brings many conflicting emotions and thoughts to mind. Having lived with people so culturally different from myself yet, welcomed to share their community, family, and personal lives- I feel tremendous gratitude, respect, and warmth towards them. It has been a new experience to feel such strong emotions for these individuals with whom I disagree on most issues, and conflict on many of my personally held values. I never thought that tears would come to my eyes when I said goodbye to someone who wants to wipe out all economic aid to the impoverished, wipe out the concept of a paid vacation, and deny the right of an unmarried couple to birth control.

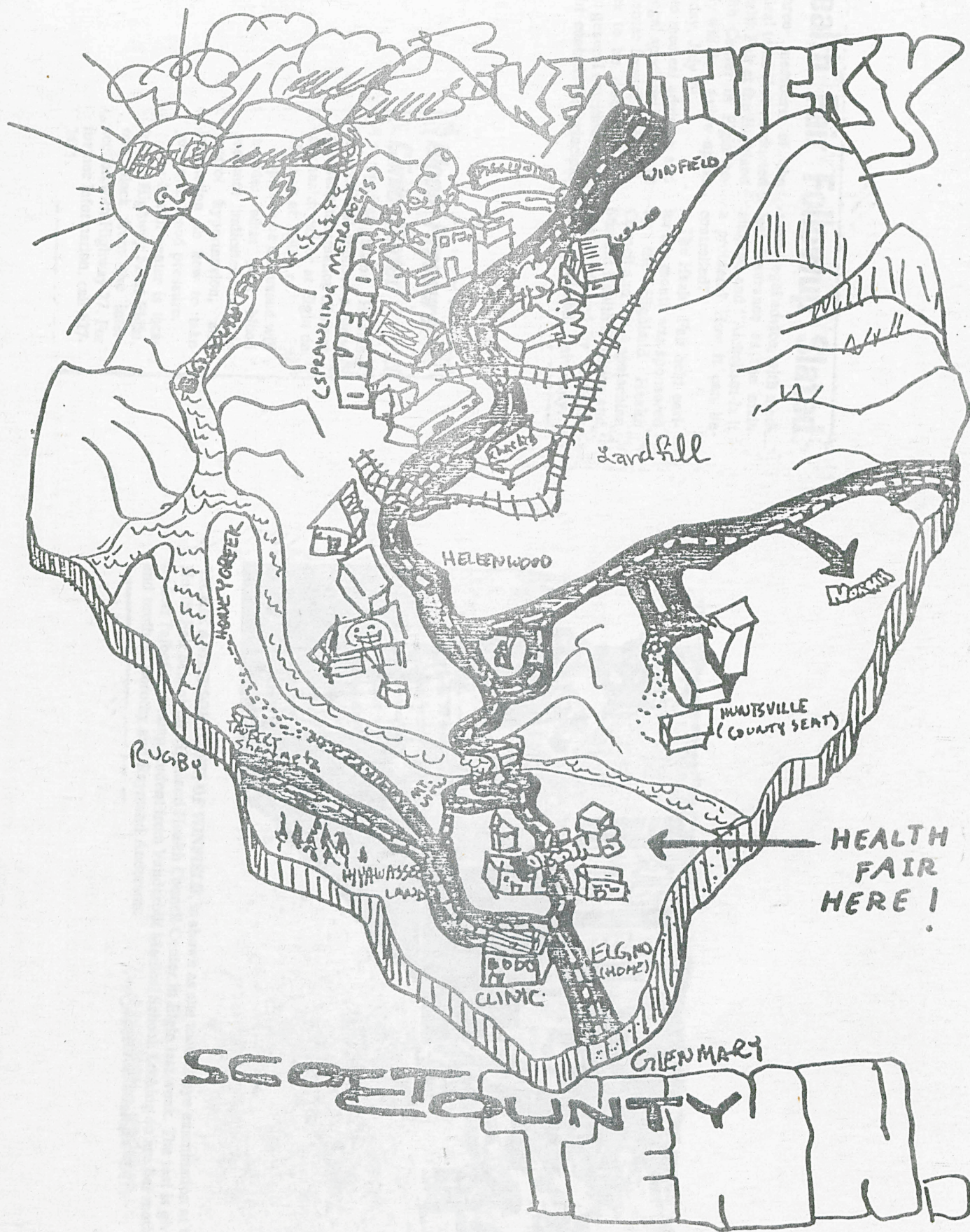
--Sabrina Cherry
Robbins, Community
organizer

I haven't felt as tied to the Coalition this summer as I would have anticipated. Our interaction with the group as a whole was kept to a minimum. The link to the organization helped open doors for the organizers, but for ideas, strengths, and resources we turned to each other and to external organizations, seldom clinging to the ASHC after the first few weeks. Perhaps we should have utilized the co-directors more, but we always knew in the back of our minds that we could turn to them for assistance if the need were to arise. Likewise, the group as a whole was always there-a beautiful, warm base- of diverse and special folks- a group easier to deal with in small doses or small clusters than as a whole. It is a group whose present philosophy I still respect-even at the end of the summer; if we continue to encourage local 'grass-roots' leadership and participation, and if we continue to look ahead, and seek to leave behind strengthened and motivated community groups, I will continue to support ASHC philosophy.

--Karen Sorenson
Robbins, Community
organizer

But isn't that just like the Coalition We're all in this because we are inquisitive, fallible students. So relax. Coalition members often take their job too seriously, thus transgressing the learning nature of the ASHC and projecting themselves into the power structure (avante garde or not) of American health care (equipped with left wing idealism and urban medical models). The strength and endurance and credibility of the coalition lies in its dynamic characteristics, as its changing members explore the organization's potential.

--Kevin Whitelaw
Health Educator in Robbins



Health Fair Followup Slated

Three members of the medical team that conducted a Health Fair at the Highland Health Center in Elgin recently will do a follow-up on Tuesday, July 29.

Two medical advisors and one legal specialist will be at the center from 7 to 9 p.m. Topics to be discussed include: general nutrition, with weight control, the principal topic; legal advice, with medical insurance as the main subject; and "Alcoholism-Is it a problem? How it can be controlled?"

The Health Fair held earlier this month was sponsored by the Highland Health Council and the Appalachian Student Health Coalition and was conducted by students from Vanderbilt University.

Blood Pressure Clinic Slated

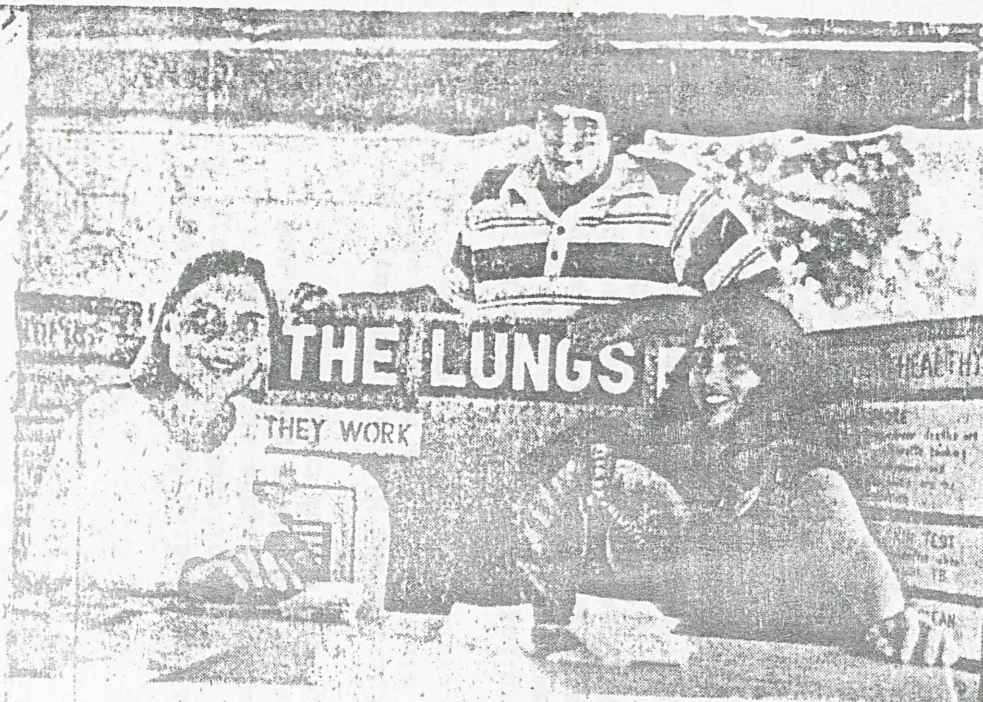
The Highland Health Council will sponsor a blood pressure information clinic at the health center at Elgin on Monday at 7:30 p.m.

Topics to be discussed will include: what your blood pressure indicates, how to control hypertension, and instruction on how to take your own blood pressure.

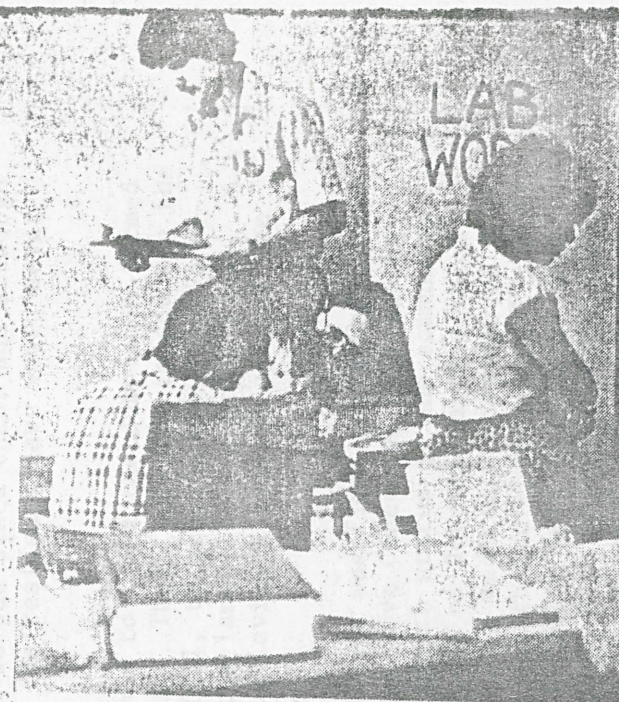
The health center is located on Highway 52 at Elgin, one block from the intersection with Highway 27. For further information, call 627-2471.



VICKIE ANDERSON (LEFT) OF WINFIELD, is shown as she took an eye examination at the Health Fair held at the Highland Health Council Center in Elgin last week. The test is given by Lori Talbot, a nursing student from Vanderbilt Medical School. Looking on are her mother and brother, Dorothy and Raymond Anderson.



THESE THREE VANDERBILT UNIVERSITY STUDENTS are currently in the Robbins Area where they are promoting and helping the Highland Health Council establish the health center that they have been working toward for the past six years. Seated, from left, are Karen Sorenson and Sabrina Cherry. Standing is Kevin Whitelaw.



MEMBERS OF THE MEDICAL AND NURSING TEAM that gave examinations at the Health Fair in the Robbins area last week are shown in the room used to do lab work.



JOHN V. WEST (RIGHT), of Robbins, a community volunteer at the Health Fair held last week, chats with one of the visiting medical students and Dr. Wright.

Health Fair At Elgin A Success

Some 287 persons were given complete physical examinations last week at a Health Fair sponsored by the Highland Health Council and the Appalachian Student Health Coalition at the Highland Health Center in Elgin.

The fair was conducted by seventeen medical and nursing students and three dental hygiene students from Vanderbilt Medical School in Nashville. The students were housed by members of the community, and food was provided by churches in the area during their week's stay.

Three students had been in the community for a number of weeks prior to the health fair, helping the council set up appointments and

inform the public of the advantages of having a health center in the community. The three will remain during the summer months.

The Highland Health Council was formed some six years ago following a Health Fair sponsored by the medical school. The council now has a large block building that has ten examining rooms. Funding for the building has been raised primarily by activities and events held in the Robbins area, with additional financing from the county.

Those attending the health fair were given examinations, lab work, EKG's, and also hearing and eye test, if needed.

A hearing will be held on July 16 in Knoxville by the East Tennessee Health Improvement Ethics Committee to see if the Highland Health Council will be funded and become a health system agent as an extension of the Mountain Peoples Health Council. If it can be funded the center will be open during the week and be staffed by a nurse practitioner and a visiting physician.

Board of Directors of the Health council are: Ray Shoemaker, chairman; Harold Young, vice chairman; James Walker, treasurer; Ella Smith, secretary; Tilda Bowling, Katharyn McCartt, and Jean Cope.

BUMPASS COVE, TENNESSEE

Bumpass Cove is a community of about one hundred families located in the Eastern Tennessee mountains bordered by the Nolichucky River. Many of the residents worked in the zinc and manganese mines at the head of the cove until the mines closed twenty years ago. Most people are now employed in the nearby towns of Washington and Unicoi counties.

In 1972 Bumpass Cove Environmental Control and Minerals Company opened a solid waste landfill at the old mine site. The residents were assured that the landfill would be kept covered and landscaped.

One year later, the company began hauling chemicals to the site. Two Bumpass Cove residents gathered information, filmed and watched this activity closely. They saw big trucks hauling barrels of chemicals up to the landfill late at night and dumping these chemicals into mine shafts that led to the community's water table. Despite this evidence, the community was slow to condemn the landfill, in part because the Bumpass Cove Environmental Control and Minerals Company employed a considerable number of local people.

Community sanction of the landfill continued until July 1979 when a flash flood hit Bumpass Cove. This flood washed chemical barrels from the landfill into the Bumpass Cove creek. This creek empties into the Nolichucky River which provides drinking water for several cities downstream. Homes near the landfill were evacuated because of the chemical fumes. After this, more than two hundred residents formed a blockade across the road for two months, preventing trucks from bringing more chemicals to the landfill. No chemicals have been dumped since then, and although the landfill is not officially closed, the residents have vowed never to let it operate again.

The families that had banded together to close the dump soon formed the Bumpass Cove Concerned Citizens Group. Their goal was to educate the community about the dangers of the landfill, to get the chemicals and hazardous waste moved, and to clean up the landfill. In order to do this, ninety-one citizens of Bumpass Cove levied a lawsuit against the chemical and dumping companies.

The Appalachian Student Health Coalition was first contacted by Russell and Mary Lee Rogers of the Bumpass Cove Concerned Citizens Group (BCCCCG). They were seeking help in assessing the health status of the community as related to the landfills. With the goals of determining health of the residents, bringing health awareness to a medically underserved community, and educating local people in health and environmental issues, the ASHC gladly agreed to hold a two-week Health Fair in Bumpass Cove. The health fair would provide area residents with physical examinations performed by medical and nursing students of the ASHC under the supervision of licensed physicians.

In addition, the health fair was to serve as an educational tool which the BCCCCG could use to explain the history of the landfill and to talk about potential health problems in the area.

On June 7, 1980, community organizers, Mike Grey and Cindy Miller, entered the community to prepare for the health fair, and to assist the work of the BCCCG. The organizers met with people from Bumpass Cove and the surrounding area to explain the procedure of the health fair, to publicize the health fair, and to involve as many people as possible in the project. Organizing for the health fair proved difficult at times due to lack of participation of very many community members, but the residents who worked on the fair were enthusiastic and arrangements for the health fair were made with facilitation by the community organizers.

In addition to work done by community organizers, four students from the coalition did a special project in Bumpass Cove. They developed a questionnaire which would be used to evaluate health problems and established a means of gathering epidemiological data about the health of the people in areas surrounding the landfill. (see appendix) In addition, these coalitioners sought laboratory tests which would be useful in assessing the effects of toxic chemicals of people. After much study they determined that the most appropriate test would be a bile acid level determination performed on a blood sample taken from each of the patients at the health fair.

On July 14, 1980, the health fair came to Bumpass Cove. Six hundred citizens of Bumpass Cove and outlying areas came for complete history and physical exams, routine labwork, and bile acid assays. Examiners discussed each patient with the attending preceptors, and appropriated referrals were made when necessary.

In the waiting room of the health fair a continuous video tape program about the landfill and environmental health issues are shown, community people were available to speak about the landfill and the fight of the citizen's group, and health education displays presented information to patients as they waited for their examinations.

There were no problems with community response to the health fair; on the contrary, the number of people on a waiting list for appointments became very large. Working conditions at the Bumpass Cove health fair were not always stellar; examiners worked long hours in temperatures which reached up to 105° in an unairconditioned school building. There were some internal problems within the coalition, and these problems coupled with the fatigue of the entire team, caused morale of the health team to be low during much of the health fair. However, most of the coalitioners felt most at home within this community and grew very close to the families with whom they stayed, as well as feeling a very strong sense of the power of a community group such as the BCCCG.

Throughout the summer, students in the ASHC worked with the BCCCG and learned about the history of Bumpass Cove landfill issues, attending public hearings with the families they lived with, and supporting the community's efforts. Since summer, stabilization of the landfill has begun as a result of an order issued by the Tennessee Health Department after much pressure from Bumpass Cove citizens. A task force has also been formed to propose solutions for cleaning up the dump site without causing further damage.

In the fall, the Coalition completed bile acid studies arranged for review of each case of bile acid elevation by a physician, and referrals if needed. Throughout the year, the coalition has maintained close contact with the BCCCG and supported their efforts toward environmental health. The Bumpass Cove Concerned Citizens are a determined group, proud of their community and concerned for their health and their children's health. They will not give up their fight until the landfill area is safe. Members of the ASHC had a tremendous community experience while living and working with the BCCCG this summer. They also learned about an ever-increasing problem; the impact of environmental pollutants on the health of people.

There are a lot of lessons to be learned from Bumpass. Increasing the effectiveness of the education we are supposed to be doing could be achieved, as we tried, by emphasizing the waiting room as an educational tool. Put a community person with a community organizer or health team person in the waiting room to talk with everyone who comes in. This could be done, not just with special issues (i.e. environmental concerns), but with regular nutritional information, cancer, or whatever. Have a sheet (one page blurb) to give to folks to read and set up a pertinent video tape. This pulls community folks into the process and adds to the education of Coalitioners and community.

*-- Michael Grey
Bumpass Cove
Community Organizer*

Health fair coming to Lamar

By LINDA SANDERS
P-C Jonesboro Bureau
Washington County has been chosen as one of three locations in the state where a "Health Fair" will be conducted, providing free medical and dental examinations.



Gall Story takes appointments at Lamar School for the Health Fair.

The fair, to be held at Lamar School, is sponsored by medical and nursing students belonging to the Appalachian Student Health Coalition from Vanderbilt University, Nashville. The purpose of the fair,

which begins Monday, is to provide "a valuable service and to educate the community concerning health," according to Michael Gray and Cindy Miller, members of the coalition.

Sixteen medical and nursing students, along with a nutritionist, three dental students and two coalition members who are qualified to give information concerning health and medical benefits will work with a team of doctors giving complete physicals, providing immunizations, nutritional counseling and dental examinations and cleaning teeth.

The program was started 12 years ago, Gray said, by several Vanderbilt medical students. The students traveled around the Nashvil-

le area in the summer and set up blood pressure clinics beside the road in different areas near Nashville.

The program began to expand, Gray said, and now the students travel throughout the state, providing physical examinations for the various communities.

During the winter, co-directors of the coalition visit areas in the state, where interest has been shown in the service and attempt to determine where there is the most need, Gray said.

"We don't go into an area unless we are invited," he said.

According to Gray, the coalition was invited to the Washington County area by the Bumpass Cove Concerned Citizens Group. "We decided the site (Bumpass Cove area) was good, so we will hold the fair at the Lamar School."

The fair will not be just for the Bumpass Cove citizens, though, Gray said, but for anyone in the Washington County and Unicoi county areas.

There will be 60 people examined a day and there is no charge for the services. The clinic will provide services for both adults and children.

The examination will be supervised by local doctors, as well as physicians from Knoxville and Nashville, Gray said.

All the information taken from the clients during the fair will be kept confidential, Gray said, and following the fair, the students will take the information and complete a case work-up on each client.

In August, the students will return to the area and contact each client to give them the result and make recommendations concerning any further medical attention that might be needed.

The fair will begin Monday and continue through Saturday and then will start again on July 22 and continue through July 25.

Anyone interested in finding out more about the fair or are interested in making an appointment can do so by calling 753-6671 from 10 a.m. until 4 p.m.

Health Fair scheduled at Lamar

A Health Fair, sponsored by the Appalachian Student Health Coalition of Vanderbilt University, will be held at Lamar School on July 14-19, 22-25. Everyone in the surrounding community is invited to attend.

Free physical examinations, immunizations, ear, eye, lung and blood tests will be available. Nutritional information and legal advice is also provided at the Fair. Appointments will begin to be taken Monday, July 7, call 753-6671.

Students probe Bumpass health

By JIM McNAIR
Washington County Bureau

JONESBORO — A student health group on a return visit to Bumpass Cove was scheduled to meet today with University of Tennessee health officials to ask for a long-term statistical study of the condition of area residents.

For two weeks, in July, Vanderbilt University students and others belonging to the Appalachian Student Health Coalition, examined the residents at the Lamar School in lower Washington County. Although examiners could not say whether any of

the volunteer patients were suffering from chemical contamination from the nearby landfill, on Monday the students arrived to perform individual follow-ups.

"We're working on possibly doing a comprehensive statistical study for the School of Public Health at the University of Tennessee. There's some professors coming down to talk about it and to determine if the people of Bumpass Cove are sick or not," said Michael Gray, a medical student who helped organize last month's Bumpass Cove health fair.

Most illnesses identified among persons living in the

landfill area were described as acute, but the health team fears that harmful effects could wait years to become visible. If a UT study is authorized, Gray said, "it'll provide a floorboard for five or 10 years from now. If everybody is sick then, then something's going on."

Bumpass Cove and Embreeville natives in the past year have reported various internal and external ailments they think are related mostly to drinking contaminated well water, but no irrefutable laboratory evidence has been produced to back these claims.

Health Department officials warned one resident not to drink from his well after trace amounts of two industrial solvents were found in separate

water samples. However, the amounts found were too insignificant for either the health department or the other water sampler, the U.S. Environmental Protection Agency, to draw any conclusions or issue a ban on consumption of the water.

The student examiners are participating in a summer internship program sponsored by the Center for Health Services located at, but not affiliated with, Vanderbilt University. Similar health fairs were held in Robbins, Tenn., and Guthrie, Ky.

Tiesler explained that health department asked Tennessee Valley Authority to chair a force to oversee consulting firm. The force will be made up of seven members including representatives of TVA, Environmental Protection Agency, the Tennessee Toxics Committee, Bumpass Cove Concern Citizens, the Division of Water Quality Control, Division of Solid Waste Management of the health department and Dr. Dewey of the University of Tennessee. The committee will have its first meeting in Knoxville, August 13.

Health Department Holds Public Hearing On Bumpass Cove

State Health Department officials held a public hearing with a large group of Bumpass Cove citizens Monday night at the Johnson City Regional Health office, and told the group that Waste Resources has been ordered by the department to hire a consultant to help with proper closing of the landfill.

The order issued by Eugene W. Fowinkle, M.D.,

Commissioner of Tennessee Department of Public Health, ordered Waste Resources of Tennessee, Inc., to take the following steps immediately:

- Retain the services of a qualified engineering consultant firm, satisfactory to the department, no later than August 15, 1980 to review and propose detailed scope of work plans, to be reviewed and

approved by the Department, for the proper final closure of the Bumpass Cove sanitary landfill site.

- Remove and permanently seal the monitoring well known as No. BC-4 immediately in order to exclude intrusion of surface water and complete final stabilization procedures as set out in a list of deficiencies and have

finished by October 1, 1980.

Jim Word, Deputy Commissioner for the health department, said the department had to issue the order because Waste Resources would not agree to hire a consulting firm. If they don't do it now Word said, "we will have our day in court."

The citizens were told that the order could be appealed to the Solid Waste Disposal Board and if the board agrees the order is valid the company can appeal to the Davidson County Chancery Court.

The health department officials feel an outside firm was needed because of the lack of trust in the department and the citizens of Bumpass Cove.

Ward told the citizens that Waste Resources has expressed good intentions of stabilizing the area until a decision could be made about clearing the Fowler Mine sight of reported buried hazardous waste. The stabilization, according to Tom Tiesler, Director of the Division of Solid Waste Management for the Tennessee Health Department, will have to be completed before winter and the deadline set by the department is October 1.

BUMPASS COVE HEALTH SURVEY

in relation to landfills, floods, etc

1. Where is your home located, and how long have you lived there? _____
2. Where do you work or go to school? Do you come in contact with chemicals or fumes there? _____
3. What is your source of water? If a well, how deep is it? Has your water been tested? _____
4. How much of your food is contributed by meat from hunting or fishing or home-raised livestock; by home-grown vegetables? If you irrigate your garden, what is the water source? _____
5. Detail any exposure you have had to the Bumpass Cove landfill and chemicals or fumes from it. Did you ever work for landfill, hunt or fish out of creek _____
6. How much tobacco or alcohol have you used? _____
7. What medications do you take? _____
8. Have you noted any deaths among farm, domestic, or wild animals? _____
9. Family history (include names and residences) - BC _____

10. Past medical history, including pregnancy history and outcome _____

11. Do you have allergies, asthma, or hay fever? _____
12. Do you have any health problems which you feel are related to exposure to toxic chemicals? _____

REVIEW OF SYSTEMS (Circle any positive, and give onset, duration, and disability)

1. head *when did problems arise? how freq? how disabling*
 - fainting
 - headache
 - dizziness
 - unexplained fever or sweating
2. ears
 - tinnitus
 - pain
 - hearing loss
3. eyes
 - inflammation
 - vision loss
 - blurring
 - diplopia
4. nose
 - irritation
 - discharge
 - epistaxis
5. mouth and throat
 - dental problems
 - gum problems
 - pharyngitis
6. respiratory
 - cough
 - sputum
 - wheezing
 - dyspnea (exertional capacity)
 - chest pain/burning
 - hemoptysis
 - night sweats
 - infection (incl. TB and pneumonia)
 - chronic lung disease (incl. emphysema)

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10. genitourinary-
11. musculoskeletal-
12. extremities- pulses clubbing discoloration
13. nodes-
14. neurologic- mental status cranial nerves DJR
 sensory (vibration and discrimination)
 motor (strength and Babinski)
 cerebellar

DISCUSSION OF ABNORMAL FINDINGS AND PROBLEM LIST

LABORATORY

ADULT INFORMATION SHEET

STUDENT HEALTH COALITION

NAME _____ sex _____ race _____
 last first middle

mo. year BIRTH DATE

VISIT TO M.D. _____ (APPROXIMATELY)
 mo. year

LAST VISIT TO DENTIST _____ (APPROXIMATELY)
 year

IMMUNIZATIONS (CIRCLE) POLIO: UP TO DATE - DON'T KNOW - GIVEN
 TETANUS: UP TO DATE - DON'T KNOW - GIVEN

CIRCLE IF, AND STATE WHEN PATIENT HAD:

TUBERCULOSIS _____ SYPHILIS _____ HYPERTENSION _____

GONORRHEA _____ RHEUMATIC FEVER _____ DIABETES _____

EPILEPSY _____ PNEUMONIA _____

CIRCLE IF PATIENT TAKES MEDICINE FOR THESE THINGS
 AT LEAST TWO TIMES A WEEK

KIDNEYS - SLEEP - HEART TROUBLE - "WATER" -

BLOOD PRESSURE - NERVES - DIABETES - T.B. - LOSE WEIGHT -

ARTHRITIS - BOWELS / STOMACH - PREVENT RHEUMATIC FEVER

OTHER: (SPECIFY) _____

CIRCLE ASTHMA - HAY FEVER - HIVES - DRUG ALLERGY
 TO WHAT (SPECIFY) _____

CIRCLE IF ANY RELATIVES HAD: TB - DIABETES - STROKE - CANCER

HEART DISEASE - HIGH BLOOD PRESSURE - BLOOD DISEASE

INHERITED DISEASE - ASTHMA - BAD ALLERGIES - CONVULSIONS.

REVIEW OF SYSTEMS:

HEAD: EENT CIRCLE HEADACHES, DIZZY SPELLS, EYE TROUBLE, EAR INFECTIONS,
 DEAFNESS, SINUS TROUBLE, NOSE BLEEDS,

BAD TEETH - NO TEETH - MOUTH ULCERS - BLEEDING GUMS

HOARSENESS ☐ NOW ☐ PREVIOUSLY GOITRE ☐ NOW ☐ PREVIOUSLY ☐ POST-OPERATIVE

CIRCULATORY:

CIRCLE CHEST PAINS - PALPITATION /

SHORT OF BREATH ☐ ON EXERTION ☐ AT REST ☐ FLAT IN BED

PND _____ ANKLE EDEMA _____ CLAUDICATION _____

RESPIRATORY:

Varicose veins _____

CIRCLE AND STATE DURATION AND TIME

NIGHT SWEATS _____ WHEEZING _____
 FEVER - CHILLS _____ HEMOPTYSIS _____
 CHEST SURGERY _____ KNOWN TB _____
 COUGH AND SPUTUM _____

MINED _____ YEARS WEIGHT LOSS _____ LBS IN _____ TIME

SMOKED _____ PACKS FOR _____ YEARS

GI:

DYSPHAGIA - STOMACH PAIN

ULCER - DIARRHEA - NAUSEA / VOMITING - PREV. G.I. SURGERY

BLACK STOOL - JAUNDICE - LIGHT STOOL - RED BLOOD FROM RECTUM

GALL STONES - CONSTIPATION - ANOREXIA HEMORRHOIDS

GU:

NOCTURIA - PYURIA

INCONTINENCE - DYSURIA - OLIGURIA -

HEMATURIA - HESITANCY - G. U. SURGERY

HEMATOLOGIC: ANEMIA - EASY BLEEDING

LYMPHADENOPATHY - PURPURA - BLOOD MALIGNANCY

MUSCULO-SKELETAL: Joint pain-AM/PM
 Back Pain*Weakness *Deformity*Fractures

SKIN: Itching, Eczema, rashes,
 non-healing sore

ENDOCRINE: Temperature intolerance,
 hair distribution change, polyuria,
 polydipsia, polyphagia, impotence

WOMEN ONLY

GR. _____ P. _____ AB _____

PERIODS: (CIRCLE) O.K. - PAINFUL - HEAVY FLOWING -

HEAVY FLOW BETWEEN - HYSTERECTOMY _____ MENOPAUSE _____
 when age

BIRTH CONTROL (CIRCLE) NONE - CONDOM - FOAM - PILLS - IUD -
 RHYTHM - TUBES TIED - OTHER _____
 TOO MANY KIDS? NOT ENOUGH?

BREASTS: (CIRCLE) LUMPS, OPERATED _____
 when?

PREGNANCIES: (CIRCLE) INFECTIONS - BLEEDING EDEMA -
 HIGH BLOOD PRESSURE - C-SECTIONS - BREECH -
 LONG LABOR (24 HRS.) - TUBAL PREGNANCY

BABIES: (CIRCLE) BIRTH DEFECTS - LARGER THAN 9 LBS.

NO. BORN OUTSIDE HOSPITAL _____ NO. DIED BEFORE AGE 2 _____

NEUROLOGIC: Paresthesia, paralysis,
 tremor, memory loss, fainting,
 convulsions

SOCIAL HISTORY:

OCCUPATION: _____

RECEIVING FINANCIAL AID? _____

ALCOHOL USE: _____

PAST- _____

PRESENT- _____

FAMILY COMPOSITION: _____

HOSPITALIZATIONS/SURGICAL PROCEDURES (DATES)

FURTHER NARRATIVE HISTORY

SIGNATURE

Afraid for the Children

Toxic Wastes in Bumpass Cove

by

Keith and Lori Talbot

^DWay up in a mountain cove
^GFriends listen and beware
 The wastes flowing from the landfill
 Allows no peace for people there

They're ^Dafraid for the children
 And the poison in the land
 And they're fearful for the future
 But together took a stand

And I'm ^Dstanding with you neighbor
 And we'll fight it if we can
 I'm afraid for the children and the land

^DThe dump was filled ^Gwith toxics
 And used so carelessly
 Now the mountain's seeping poison
 But this land's still home to me

I'm afraid for the children
 And the poison in the land
 And I'm fearful for the future
 If we don't take a stand

But I'm standing with you neighbor
 And we'll fight it if we can
 I'm afraid for the children and the land

HEALTH EDUCATION

The Coalition was on a "health education push" this year. It became apparent to us that rural people have a special responsibility for taking care of their own bodies--there is often no one else to do it since professional medical care is usually distant or totally lacking.

Additionally, we felt that an increase in the health awareness of a community was a permanent contribution that the Coalition could make. The knowledge imparted during the summer months will continue to keep people healthier in years to come.

We were also interested in getting people to think about the health of their community-at-large. We wished to educate people to recognize local environmental dangers and to identify and follow the appropriate solutions. With this last thought in mind, we chose Bumpass Cove as a site.

Because we value health self-sufficiency and because we believe in lasting improvement through education, we gave health education our primary emphasis this year. People who are involved in their own health care will take initiative in improving it.

A separate health education component was new to the Coalition. Since there was no known successful model to follow, we decided to devote a good deal of our summer energies to the development of a health education model which the Coalition could incorporate in the future. This was to happen through the trial and error experiences of five Health Educator/Community Organizers placed in two communities which would not be visited by the health fair. The goal of these H.Ed/CO's was two-fold: to develop a permanent health education program in each community in cooperation with the existing medical facilities and to develop a health education module for the Coalition to use in other communities in the future. At the last minute, we switched one of our H.Ed/CO's to a community which was visited by the fair so that we had full-time H.Ed/CO's in three communities: Cherokee, Hot Springs, and Robbins.

Unlike previous years, we also had health educators traveling with the health fair. Their role was to identify local health education needs while the fair was in town and to answer those needs by offering classes, discovering local resources, etc. In addition, they were to interest patients in the health education literature and displays which traveled with the fair. This year we decided to have two people share the jobs of receptionist and health educator at the fair alternating days. This did not work. A disproportionate amount of their time was devoted to reception rather than education; and this proved to be one of our greatest disappointments. We suggest that future health educators have no other responsibilities.

In each community visited this summer, we left a permanent health education library as a followup to our summer activities. The funds for these books were generated by Vanderbilt students during an Appalachian Health Education Fast co-sponsored by the ASHC and the Student Government Association. This was a week-long program in which the Coalition exposed the

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Vanderbilt community to Appalachian culture and health conditions through the use of seminars, visits to student group meetings, bluegrass concerts, and mountain food served in the cafeteria. This culminated in a one-day fast when students donated their food money for health education books. Since we were highly visible on campus for a solid week, the program proved to be a very successful way to reach many previously unknown students and faculty members, as well as to raise money.

HOT SPRINGS, N.C., AND SURROUNDING COMMUNITIES

Hot Springs is the largest of several rural, mountain villages comprising the Laurel community in western North Carolina. As headquarters of the Hot Springs Health Program (HSHP), the town serves as the focal point for medical care to this area. During the summer of 1980, two coalitioners, serving as health educators, were accepted to work with helping rejuvenate the HSHP. The experience for both the community and the health educators, Mayme Richie and Nathalie Smith, was clearly a positive one.

Nathalie and Mayme spent their first two weeks getting to know the community and their health education needs. They soon realized that because of the nature of the community, the real effort of health education must go into presenting programs to already established groups. With the help and support of HSHP staff members and board members, programs were designed by the students for several different local groups. These groups included three day care centers in the Laurel, Marshall and Hot Springs Communities, Waist Watchers at the Laurel Clinic, the Unaka Center, a sheltered workshop for the mentally retarded in Hot Springs, and the Hot Springs Elderly Nutrition Site, where Senior Citizens are treated daily to a hot meal. Each of the programs planned by the health educators required much preparation and was tailored to the make-up of the audience.

Eight different presentations were made to the senior citizens at the Hot Springs Elderly Nutrition Site. Topics such as diabetes and hypertension were discussed with an emphasis on the signs and symptoms of the diseases and the methods of prevention. Four of the eight sessions dealt with topics directly related to nutrition and nutritional needs of the elderly. Each presentation was accompanied with posters which were left at the site. All of the research for these programs and others given during the summer was done by the students and approved by staff members of the HSHP.

Three programs on nutrition and emergency first aid were held at the Unaka Center Workshop for mentally retarded adults. At the Center, health educators demonstrated the Heimlich Maneuver first aid for choking and discussed dieting tips. With Center funds and a generous donation from the HSHP, they also assembled first-aid kits for the home use of each of the Center enrollees. As the kits were distributed, participants were shown how to properly use the contents.

Another local group which benefited from Nathalie and Mayme's work was the "Waist Watchers." The "Waist Watchers" is a group of women in the Laurel Community who meet regularly at the Laurel Clinic for group exercise and support in weight reduction attempts. The health educators supplied leadership for this group of women and worked at reviving interest that had declined during the summer. Nutritional information was also made available to these women.

Lastly, programs for the preschool children at the Day Care Centers proved the health educators creative in their work. Puppet shows were the medium employed in presenting the children with valuable information on topics such as dental hygiene, water safety, and nutrition. All puppets, scripts, posters, etc. used were the handiwork of the students. Following each presentation the children and puppets discussed each topic. The puppet shows were a great success, with the two students being in great demand by the Day Care Centers after their first performance. Here again, graphic posters on each topic were left at each site following the presentation.

The community's goal for the health educators in the Hot Springs area was to develop materials and programs which would be left with the community for future use. The vacant post of health educator for the Health Program was to be filled in late August. The materials prepared by these students will be used by the new health educator in her work in the area. In addition, a survey done by Nathalie and Mayme for a proposed new Elderly Nutrition Site provided a great service to the community.

From the community's viewpoint it was a profitable experience having the two students for the summer. Groundwork was laid for health education in new areas and new materials and classes were developed. Each student was able to leave the community with pride in their accomplishment, as well as new outlooks on rural community living and health education in general.

- 21 "The Heimlich" Manoeuvre-First Aid for Choking
Snaka Center
- 22 Waist Watchers
Laural Clinic
- 24 "What Snacks Are Good For Your Teeth" puppet show
Hot Springs Day Care Center
- 25 "Reading Food Labels For Nutritional Content"
Hot Springs Elderly Nutrition Site
- 26 "Water Safety" puppet show
Hot Springs Day Care Center
- 27 Waist Watchers
Laural Clinic
- 28 "Strokes Causes and Prevention"
Hot Springs Elderly Nutrition Site
- August 4 "What Adult Onset Diabetes Is" and where Wipstick
scripted
Hot Springs Elderly Nutrition Site
- 5 "How To Brush Your Teeth" skit
Laural Day Care Center

SCHEDULE OF CLASSES -HOT SPRINGS

- July 1 Waist Watchers
 Laurel Clinic
- 8 Waist Watchers
 Laurel Clinic
- 11 "Why Too Much Sugar Use Is Bad Nutritionally"
 Hot Springs Elderly Nutrition Site
- 14 "How To Beat the Heat"
 Hot Springs Elderly Nutrition Site
- 15 Waist Watchers
 Laurel Clinic
- 18 "Importance of Fiber In the Diet"
 Hot Springs Elderly Nutrition Site
- 21 "The Heimlich Maneuver-First Aid for Choking"
 Hot Springs Elderly Nutrition Site
- "The Heimlich Maneuver-First Aid for Choking"
 Unaka Center
- 22 Waist Watchers
 Laurel Clinic
- 24 "What Snacks Are Good For Your Teeth" puppet show
 Hot Springs Day Care Center
- 25 "Reading Food Labels For Nutritional Content"
 Hot Springs Elderly Nutrition Site
- 29 "Water Safety" puppet show
 Hot Springs Day Care Center
- Waist Watchers
 Laurel Clinic
- 30 "Strokes-Causes and Prevention"
 Hot Springs Elderly Nutrition Site
- August 4 "What Adult Onset Diabetes Is" and urine dipstick
 screening
 Hot Springs Elderly Nutrition Site
- 5 "How To Brush Your Teeth" skit
 Laurel Day Care Center

August 5 Waist Watchers
Laurel Clinic

6 "What Snacks Are Good For Your Teeth" puppet show
Laurel Day Care Center

First Aid Kit distribution and demonstration
Unaka Center

7 "Tooth Safety" puppet show
Laurel Day Care Center

8 "Water Safety" puppet show
Marshall Day Care Center

"Importance of Protein In the Diet"
Hot Springs Elderly Nutrition Site

Marble Mini-Health Fair

Molly and Jane organized a very successful day of health education and blood pressure monitoring in the community of Marble. Thirty-seven people attended the fair, most of whom came to get their blood pressure checked. Some of the women came to look at the breast cancer filmstrip. The greatest accomplishment was talking to CETA workers about their health and their future in the health field. One girl wants to be a doctor, "none of that nursing stuff." Molly and Jane taught three of them how to take blood pressures and explained what blood pressure was all about. The CETA workers were very interested in what they were told about studies in nursing or health and if anything, they will start to think more about their health and what they can do to keep well.

Swimming Program with Soco and Young Deer Day Care

Molly and Jane taught swimming skills to about thirty-five children in Soco. The children learned breathing skills in and out of the water and several children picked up floating and kicking skills.

At Young Deer, the classes were not split up by ability levels as was done in Soco; this made it more difficult to teach the group.

CHEROKEE

On June 16, 1980, Jane and Molly arrived in Cherokee, North Carolina. They reported to the Health Educator, Ruth Taylor, at Cherokee Indian Hospital. There Molly and Jane were oriented to the hospital and to the Cherokee culture by Ruth Taylor. Ruth also gave them a windshield tour of the Qualla Boundary.

Cherokee is part of the Qualla Boundary--the Cherokee Indian Reservation--and has a total population of approximately 5,500. The Qualla Boundary is located on and around highway 411 coming out of the Great Smokey Mountains National Park, heading south. Fifty-two percent of the population is on welfare; the rest earning its income from tourism or government jobs. Alcoholism, diabetes and obesity are major health problems of this area. Unfortunately, there is much apathy toward the health care system and little is done to improve health care delivery.

Health Educators were placed in Cherokee not only to help the health educator there develop long term programs, but also to see how health education works in a small community with a clinic. The Coalition hoped to use what Molly and Jane used to benefit our health education program.

After two weeks of becoming oriented with Cherokee, Molly and Jane realized that their limitations were greater than they had expected. They realized that working on long term programs was not feasible because they only had a seven week stay in Cherokee, that they did not know where to get the community support needed to start a long term program and, that they lacked the support needed to keep a long term program going after they left. Therefore, they worked on three mini-projects.

Marble Mini-Health Fair:

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Bicycle Safety Program:

Molly and Jane taught twenty-eight children about bicycle safety and offered them a written quiz on the subject as well as an obstacle course, which they liked the best. The children who participated in this program were very enthusiastic about learning more about bicycle safety.

Native American Reservations fall under the Department of the Interior, specifically, the Bureau of Indian Affairs. Therefore, the staff members at the hospital are federal employees, most of them Native Americans. All of the physician's are white as well as a few nurses. They are mostly government scholars and are in the process of paying back their government scholarships by working in this area, a government site. This is a cause for the turnover of physicians, every 2-3 years. The lack of continuity between provider and patient disrupts any confidence and trust established between the two parties. The reservation attracts many students who want to earn a 'few extra credit hours', some staying for four weeks, some staying for a year. This brings in new ideas and energy but puts a strain on the community which must build trust over and over again. The community then loses that person after a short time as well as his/her ideas and energy. The Federal Government holds many restrictions on what the people are allowed to do as a community. The programs which Jane and Molly initiated were limited to the few avenues open to them. Jane's and Molly's reception upon entering the community was very stiff, as was expected. It took time for the community to accept them and begin to work with them.

The selection of this site was an unfortunate mistake due to the lack of knowledge about this type of culture/government influence and also the association with a disliked member of the community. Jane and Molly felt that their summer was an eye-opening experience. They learned how a culture within another culture survives (Native American/low socio-economic/mountain folks), how the government controls various aspects of peoples' lives and, how important continuity is. They also realized that the health fair is a real selling tool! Because the health fair was not coming to the Cherokee area, the people had no particular reason to notice the students and their efforts to work with them.

If health education is to be incorporated into the Coalition's work, it should be used at the health fair sites. Along with a community organizer, there should also be a health educator. The two can work as a unit to organize the fair, to work with the community health council on establishing their clinic, etc. and, to generate interest in the people about health in general as a way of life.

VIDEO PROJECT

During the summer, Vicky worked primarily in Guthrie, Kentucky, and Bumpass Cove, Tennessee, on a video production which was to show how two communities organized themselves to achieve change in health care and what the different processes had been. The tape was to reflect community ideas, obstacles, progress, the dynamics of a community organization on this issue, and how in the end 'change' was achieved or wasn't. As each site had its own individuality, interests, and dynamics, each outcome was always achieved very differently. Thus the tape emphasized this as an underlying idea through using Bumpass Cove and Guthrie as examples.

Some of the problems the video project faced were equipment problems and the constant redirecting of the content of the final tape. The outline for the project had to be redefined once Vicky had spent time in the communities and had discovered that they didn't think about the issues the same way we did. Also, the communities were in a constant flux, so that ideas which applied one week did not the next. The consequence of all this was Vicky's decision to concentrate her energy in one community which resulted in a video tape on the Guthrie Health Council's activities in its efforts to establish a community clinic for their area. This still fit the initial outline but was scaled down to a more manageable, indepth look at one community's experience.

This tape's use has varied, meeting both the Coalition's needs and the Guthrie community's, which left everyone very pleased with Vicky's summer's work. The video tape shows the community organizing work which the Coalition is involved in, in addition to the immediate delivery of health care during the Health Fairs. This has helped give new communities and new students an over-all idea of what the Coalition does. And it is being used by the Guthrie Health Council in community outreach and fundraising for its clinic.

The summer was a positive experience in learning what the potential of video can be for rural communities either fighting a health problem like the landfill in Bumpass Cove, or a community like Guthrie in search of better health care delivery. Vicky felt a real challenge during the summer lay in forging a professional attitude necessary in being successful in the production of video works. Transferring video/photography away from the extremely personal approach of art and yet not going the extreme of television journalism's attitude toward people and their problems, to find the middling route is hard to do. It means retaining a personal touch and insight, yet presenting a professional and intellectual view.

The most rewarding part of the summer, however, were the people I met, lived with, video taped, and just got to know. The spirit and integrity of those community people I was able to know, continue to be the inspiration for work I do with community groups now.

--Vicky Osborn
Video Project

SUPPORT

The Coalition develops its support in three ways - a review of existing resources, solicitation of new grants, and in-kind donations. The first step in searching for support for the coming year - taking stock of what was available - was done in two ways. First, a thorough inventory was taken of all medical and office supplies on hand. Second, Kathy Hearne informed us as to what monies were present in the ASHC budget.

The second step in the search for support was undertaken by Russell Barr and Joe Barnes, two industrious medical students who edited and revised the proposal from the year before. At the same time, Margaret identified potential funding sources using the Foundation Directory and various clues and ideas from Center folks. Vanderbilt approved those sources to which we could apply. With the final list in hand and the proposal completed, we approached several foundations. We tried to schedule meetings with representatives from each foundation. In early March, Jennifer and Libby visited foundations in both New York and Boston. The trip also included meetings and interviews with students in the area who were interested in working with the ASHC during the summer.

Grants for the 1980-81 project year came from the Lyndhurst Foundation, Dewitt Wallace, Jessie Smith Noyes, the Public Welfare Foundation, and the National Health Service Corps.

In the early fall, with a complete inventory in hand, Cindy Miller began compiling a list of needed medical supply items, the third and final step in seeking support. Many hours were spent sending out letters to supply companies asking for donations of needed supplies. The Coalition has a history of receiving for free the majority of medical supplies needed for the summer. Cindy was very efficient in this job and obtained \$3,000 worth of supplies and equipment from the following companies:

Arbrook	Gerber	Sealright
W. A. Baum	Kendeall	Superior
Becton - Dickinson	Kimlon	Upjohn
Consumer Commodity	Perry	
Curity	Playtex	

Another area of in-kind support too often taken for granted is the entire Vanderbilt University community. In addition to the building and utilities provided for our program, Vanderbilt has stood beside us and provided support in everything from legal issues, insurance coverage, grant assistance, and many times, the pat on the shoulder that we needed to go on. The Medical Center has donated immense amounts of time and expertise in carrying out lab work for the health fairs. Special thanks to Dr. Gorstein for entirely donating our PAP smears. Student support is exemplified by the continued campaign for the provision of health education in the Vanderbilt University curriculum and the numerous applications by Vanderbilt University students to work within the ASHC. Perhaps the most under-acknowledged group at Vanderbilt, without whose dedication we could not survive, is the faculty and staff. Hundreds of

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hours are donated by professors, physicians, residents, clinical instructors, and other faculty and staff in instructing and guiding the ASHC students in their preparation for summer work.

There would be no ASHC; in all likelihood there would not even be an Appalachian Health Coalition. The reason being simple: students are idealistic, ready, and willing to work for change. Along for the ride, they are looking for an education. The Appalachian Student Health Coalition offers both the opportunity to work for change and a unique educational experience. With this in mind, our way more easily understood way "recruitment" for ASHC is not necessary. Once students are aware of ASHC and what it does, there are more than enough applicants to fill the roles. This year we hired forty-three of eighty-five students who showed an interest in summer work with the Coalition.

What the co-directors have termed "recruitment" is not recruitment at all. "Recruitment" is simply making students aware of the project itself. Fall sessions of 1979 were used to increase the awareness of ASHC among Vanderbilt students. In conjunction with the Center for Health Services, the Coalition met during the first week in November as "the blitz". This was an effort to make the Vanderbilt community aware of what the Center has to offer. Each day at noon, a "brown-bag" discussion was held, featuring a speaker on a current topic of interest. Each evening, we heard either a concert or a guest speaker. The ASHC took an active role in the planning of this week and benefitted greatly from the attraction of new students into the Center and the Coalition.

Outside the Vanderbilt community, the only "recruitment" is for dental hygienists from KSN. Despite the fact that there is no formal method of introducing the Coalition to others, word of mouth has carried our name far. Students come largely from universities in the Northeast - particularly Brown and Harvard - but applications come from everywhere. In the months before the summer of 1980, over fifty students outside of Vanderbilt made application for summer experience. In the final group, approximately one half of the students came from universities outside V.U., such as the University of California, University of Texas, University of Maryland, and Emory College.

In preparing for the summer's experience, students are encouraged - even expected - to partake in scheduled programs and courses. During the spring term, the ASHC offers a Physical Assessment course, which is open to anyone and is required for those medical and nursing students who plan to work as examiners for the summer. Each week a lecture and practical time is set aside. During the spring of 1980, the P.A. course was organized by three former Coalition members: second year medical students Barbara Little and Bruce Richards, and senior nursing student Margaret Howell. These three spent long hours contacting Vanderbilt physicians, residents and nursing professors to set up the twelve-week course. The course included instruction in history-taking and physical examination techniques.

During the spring, the ASHC holds business meetings as well as meetings designed to introduce students to the Appalachian culture. Margaret Levin, a junior undergraduate at Vanderbilt University and former Coalition member, scheduled speakers and programs for spring 1980. The program included J.W. Broiley speaking on strip mining; Bill Dool, founder

STUDENTS

Without the continual interest, input and turnover of students, there would be no ASHC; in all likelihood there would not even be an Appalachian Health Coalition...the reason being simple: students are idealistic, ready, and willing to work for change. Also, as the name implies, students are seeking an education. The Appalachian Student Health Coalition offers both the opportunity to work for change and a unique educational experience. With this in mind, one may more easily understand why "recruitment" for ASHC is not necessary. Once students are aware of ASHC and what it does, there are more than enough applicants to fill the roles. This year we hired forty-three of eighty-five students who showed an interest in summer work with the Coalition.

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Outside the Vanderbilt community, the only "recruitment" is for dental hygienists from ETSU. Despite the fact that there is no formal method of introducing the Coalition to others, word of mouth has carried our name far. Students come largely from universities in the Northeast - particularly Brown and Harvard - but applications come from everywhere. In the months before the summer of 1980, over sixty students outside of Vanderbilt made application for summer experience. In the final group, approximately one half of the students came from universities outside V.U., such as the University of California, University of Texas, University of Maryland, and Smith College.

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of the ASHC; the director of Frontier Nursing Service; AppleShop Films; and more. Noontime discussion meetings were held for those students interested in community organizing. The sessions covered basics of community organizing, the individual communities, how to publicize, how to run meetings, etc. By late spring, all "Coalitioners 80" had been hired. Five of these were in the same area of the Northeast. In an effort to give the students from the Northeast some insight into the upcoming summer, Mary Frances Haerr, summer co-director, led a weekend workshop in Providence, R.I., on community organizing.

Throughout the year there were numerous pot-luck dinners and even an "ice-cream social" or two. There were two efforts specifically made to increase students' familiarity with the health screening process and the area of "Appalachia". In September, the Coalition gave free physical examinations to twenty-five students from Cheatham County, in order that they might participate in the Special Olympics. Thus, the Coalition not only performed a service to the Ashland City community, but gave new students an opportunity to watch experienced medical examiners from the summer of '79 perform the physical exams. The second effort was a field trip to Wallins Creek, Kentucky, a coalition site from the summer of 1979. The trip was made as a "follow-up" visit to the site, and provided an opportunity for new students to see the type of community that the Coalition visits.

In conjunction with the Vanderbilt University Student Government Association, the ASHC also sponsored an "Appalachian Week" during the spring. Its purpose was to increase awareness of the Appalachian region and culture, of the ASHC, and to raise some financial support for the coming summer's Health Education Project. The week's events included a bake sale, a concert of bluegrass music, an "Appalachian Meal" of beans and cornbread, and live music in the student cafeteria. Presentations on the Coalition - its activities, its objectives, and the integral role of students in the ASHC - were made to ten sorority and fifteen fraternity houses on campus, reaching over half of the students enrolled at Vanderbilt. Under the leadership of Jane Mossy, the week was a great success: \$575.00 was raised to start Health Education Libraries in each community we visited. In addition, a number of new students were brought to the CHS and to the Coalition.

OUTREACH

During the months of September through May, the Coalition reaches out to the community surrounding it. This outreach has two functions: (1) service and (2) education.

In September, the Coalition ran a "mini" health fair for children from Cheatham County who were to participate in the Special Olympics. The Coalition and Cheatham County have worked together before and this service provided a nice way to stay in contact with old friends. This one-day health fair was housed at the Vanderbilt Medical School and staffed by Coalition examiners and organizers from previous summers. It was an effective way for us to donate our skills during the school year. Additionally, the fair was a successful and convenient method to introduce prospective students and faculty to Coalition operations and past participants.

Throughout the school year, the Coalition provided educational opportunities to both the Vanderbilt and Nashville communities concerning Appalachia and the Coalition's participation in this region. We were invited to address the annual gathering of the joint Lutheran Churches, and were given a generous gift from them. We spoke to Alpha Phi Omega, a coed service fraternity on the Vanderbilt campus, to encourage service in the Appalachian area.

Additionally, the Coalition offered a lecture series on Appalachian culture, bringing experts from the mountains to Nashville. This series was intended primarily to train our Coalitioners, but was extended to the Nashville community-at-large as part of the University for Many. The series included a strip mining expert, a speaker from the Frontier Nursing Service, Bill Dow--Coalition founder, bluegrass musicians, documentary movies from Appalshop, and Dick Couto's socioeconomic perspectives. We offered a Physical Assessment course primarily for our own medical examiners, but also advertised in the University for Many catalogue and open to anyone.

We found video to be a powerful tool in communicating with new people. Our most frequently used tape, "Health Fair", is a documentary of a day at a health fair made by Steve Downey in 1979. Whenever we had a speaking engagement or whenever we wanted to draw attention on the Vanderbilt campus, we brought the video, which enabled viewers to get an immediate picture of the Coalition in action.

September, 1979

S	M	Tu	W	Th	F	S
1	2	3	4	5 Meeting of old Coalition people	6	7
8	9	10	11	12	13	14
15 Physical Exams to Special Olympics Students	16	17 Staff Meeting	18	19 Kick-off Meeting, 412 people!	20	21
22	23	24	25	26	27	28
Center-Staff Retreat →						
29	30					

October, 1979						
S	M	Tu	W	Th	F	S
		1	2	3	4	5 ←
6 ← Appalachian Health Providers Meeting →	7	8 - Medical Supply Fair - Staff Meeting	9	10 - Pot Luck and Meeting	11	12 ← Site Follow-up →
13 ← Wallins Creek + Mulberry Community Introduction	14	15 Staff Meeting	16	17	18	19
20	21	22 Staff Meeting	23	24 Meeting	25	26 Grand Ole Opry Patterson Creek Raiders
27 Square Dance Patterson Creek Raiders	28	29 Staff Meeting	30	31		

November, 1979

S	M	Tu	W	Th	F	S
					1 - Blitz Meeting - Project Screening Meeting	2 Open House, Center ← All coalition
3	4	5 Staff Meeting	6	7 Blitz Concert, Guy & Candy Carson	8 Blitz Meeting	9
← Conference, Norris Dam State Park →						
10) Center HS Board Meeting - Talk and Slide Show to Alpha Phi Omega	11	12 Staff Meeting	13 Blitz Concert, Harry & Earl	14 Potluck Dinner and Meeting	15	16 ASAC Brown-Pag Luncheon
17	18	19 Staff Meeting	20	21	22	23
24	25	26 Staff Meeting	27	28	29	30

December, 1979						
S	M	Tu	W	Th	F	S
						1 Deadline Physical Assessment Course
2	3 Staff Meeting	4	5 Holiday Potluck Feast and Meeting	6	7	8 First site Visit Guthrie, KY
9	10	11	12	13	14 CHS Holiday Celebration	15
16	17	18	19	20	21	22
	← Site Selection Visits →					
23	24	25	26	27	28	29

(30)

(31)

January, 1980

S	M	Tu	W	Th	F	S
		1	2	3	4	5
6	7 ← Site Selection Visits →	8	9	10	11	12
13	14 Staff Meeting	15 Physical Assessment Course Begins	16	17	18	19) Center HS Board Meeting
20	21 Staff Meeting	22 PA Course	23 Speaker, Bill Dow, ASHC founder; Meeting & Dinner	24	25	26
27	28 Staff Meeting	29 PA Course	30	31		

February, 1980

S	M	Tu	W	Th	F	S
					1	2 Guthrie Community Meeting
3	4 Staff Meeting	5 - Meeting with Red Cross North Educator - PA Course	6	7 Film, <u>Horian County, USA</u>	8	9
10	11 - Staff Meeting - Application Interviews	12 PA Course	13 - Business Meeting - Application Interviews	14	15	16 Guthrie Community Meeting
17	18 Staff Meeting	19 PA Course	20 M. Murrey resigns	21	22	23
24	25 Staff Meeting	26 PA Course	27 - Business Meeting - Mr. Francis Hoar - White House coord.	28	29 Site Selection Visits - Woburn, Chicopee Essex (activity)	

March, 1980

						1 First site selection visit, Bumpass Cove
2 Arrive NYC	3 Foundation Visits, NYC	4 Interviews 2 Harvard students; Cambridge, MA - PA course	5 Interviews 2 Brown students, Providence, RI	6 Foundation Visits, NYC	7) Return to TN NC Site Selection Visits: Murphy, Hot Springs, Cherokee	8 Return to Nashville
9	10 - Staff Meeting - Cindy Miller starts work in office.	11	12	13	14 Staff Meeting	15 Guthrie Community Pot Luck
16	17	18 PA Course	19 - Speaker, JW Endley, "Strip Mining in TN" - Meeting, visit by M.F. Herr	20 Guthrie Comm. Health Council Meeting	21 ← Site Visits -	22 Stinking Creek,
23 Bumpass Cove →	24 Staff Meeting	25 PA Course	26	27	28	29
30 Work with Vicki DeJorne on video ideas	31 Staff Meeting					

April, 1980

S	M	Tu	W	Th	F	S
		1 PA Course	2 - Business Meeting - Talk to Interfraternity Council	3 - Talk to Pannellerie Council	4	5
6	7 - Staff Meeting ←	8 PA Course	(9) - Homemade Ice Cream Social - Project Screening Committee { Talk to each sorority and fraternity } on campus	10 Health Ed. Bake Sale, Rand Terrace	11 Health Education Student Folk Music Concert →	12
13	14 Staff Meeting ← State Fair →	15 Appalachian Meal On Campus, Rand Cafeteria	16 - Business Meeting - Food for Health Ed.	17 Health Council Meeting, Robbins, TN	18 Foundation Meeting, Nashville, TN	19
20	21 Staff Meeting	22	23	24	25 Health Ed. Meeting	26
27	28 Staff Meeting - Talk to Lutheran Church Council on ASHC	29	30			

May, 1980

May, 1980						
S	M	Tu	W	Th	F	S
				1	2	3
4	5	6	7	8	9 Foundation Meeting, Nashville	10 Community Organizer Training; Providence, RI
11	12	13	14	15	16	17
18	19	20	21	22	23 Guthrie, Site Visit	24
← Site Visits - Cherokee, Bumpass Cove ; Dental Hygienist Interview, ETSU →						
25	26	27	28	29	30	31 Guthrie, Site Visit

ASHC PHYSICAL ASSESSMENT COURSE

Winter 1980

Proposed Schedule

1. (1/15/80) Introduction: Dr. Lefkowitz
Dr. James Perrin: Approaching the patient, History taking
Record keeping, SOAPing
Anne Salletts: Vital signs, height, weight

Lab: Vital signs, taking B.P., look at ASHC charts,
old coalitioners as preceptors
2. (1/22) Pediatric: Heart, chest, lung and spine

Lab: Inspection, Palpation, Percussion, Auscultation
3. (1/29) Pediatric: Abdomen, Genitalia
Childhood Development, Denver Testing

Lab: Abdominal Exam, Denver Questionnaire
4. (2/5) HEENT, Dr. John Green

Lab: Otoscope, Ophthalmoscope, Throat and nose inspection,
head circumference
5. (2/12) Common Pediatric Problems: Anemia, Worms, UTI, Bedwetting
Immunization Techniques

Lab: Immunizations, Review Immunization Forms
6. (2/19) Neurologic Exam
Putting the Pediatric Exam Together

Lab: Doing the pediatric exam (real kids!)
7. (2/26) Arthritis, Dr. Tom John
Breast Examination, Lynn Sharles

Lab: Besty Breast
8. (3/4) Lung Diseases, Dr. Clyde Heflin
GI and Abdomen, Dr. Dewey Dunn
9. (3/18) Heart Diseases
Hypertension and Medication

Lab: Auscultation, Heart sound box, EKG demonstration
10. (3/25) Dental Care
Nutrition

Lab: Oral Inspection, Nutritional Histories

11. (4/1) Alcoholism, Approaching the Alcoholic Patient, Education
Glaucoma and Air Puff Tonometry, Korla Jansen

Lab: Air Puff Tonometry

12. (4/8) Occupational Health, Occupational History
Male GU, Prostate and Rectal exam, Dr. Paul Rosenblatt

13. (4/15) Female GU
Birth Control, Venereal Disease, Sexual Dysfunction

14. (4/22) Putting the Adult Exam Together

Lab: Examining Each Other.

15. (4/29) Final Pep Talk

Tuesday, June 1

- 8:00 a.m. Trip to Guthrie. (Meet at CHS.)
- 9:00 a.m. Red Cross "Parenting" Course. (Hillwood High School, Home Ec. Dept)
- 10:30 a.m. Practice session: lab tests, immunizations, air puff tonometer, etc. (Light 311)
- 12:00 noon LUNCH
- 1:30 p.m. Set up for screening of kids. (Light 311)
- 3:00 p.m. Practice complete physical exams with former conditioners as preceptors. (Light 311)

Wednesday, June 2

- 8:00 a.m. Discussion about trip to Ontario. (Light 307)
- 9:30 a.m. Spring up a community: Who's who? Where's the power? David Glavin. (Light 307)
- 10:00 a.m. Local food raising. David Glavin. (Light 307)
- 12:00 noon LUNCH
- 1:00 p.m. Facilitating meetings: encouraging participation, identifying needs, decision making, and working out strategies. Jamie Cohen and Andrea Levere. (Light 307)
- 2:30 p.m. Building an organization - how to keep it going and increase its numbers. Jamie Cohen and Andrea Levere. (Light 307)

ORIENTATION SCHEDULE

Appalachian Student Health Coalition
Orientation Week
Summer 1980

Monday, June 2

9:00 a.m. Greetings and howdy-do's. Introduction to the ASHC and this summer's project. (Center for Health Services.)

* 10:30 a.m. "Perspectives on Appalachia" Dick Couto (CHS)

* 12:00 noon LUNCH

C.O.'s

1:00 p.m. Preparing for the health fair. Making it a community event. Role of the organizer during the fair. Gathering information, taking surveys. Gwen Hammer (Light 307)

2:30 p.m. Role of the Community Organizer. David Morrow (Light 307)

4:00 p.m. Why a community base, in reference to organizing with a health council. Maura Doherty (Light 307)

Health Ed.

1:00 p.m. Discussion on summer's project. (CHS)

2:30 p.m. Role of the Community Organizer. David Morrow (Light 307)

4:00 p.m. Why a community base, in reference to organizing. Maura Doherty (Light 307)

Med. Examiners

1:00 p.m. "Preparation of the GC culture, and V.D. Control" Mr. Elliott Tennessee Department of Public Health, V.D. Control Program (Light 3)

2:00 p.m. Film. Approaching a patient on personal subjects. Planned Parenthood 2nd floor.

3:00 p.m. Summer lab procedures. Medical Technologists (Light 311)

4:00 p.m. Oral inspections. Dr Greg Loitz (Light 311)

**** Talk on prostate exams (30 min.). Dr. Ruskin Brown (Light 311)

* 7:00 p.m. *****ICE CREAM SOCIAL***** Center for Health Services

Tuesday, June 3

C.O.'s

9:00 a.m. Trip to Guthrie . (Meet at CHS.)

Health Ed.

8:00 a.m. Red Cross 'Parenting' Course (Hillwood High School, Home Ec. Dept.)

Med. Examiners

9:30 a.m. Practice session: lab tests, immunizations, air puff tonometer, EKG , etc. (Light 311)

12:00 noon LUNCH

1:30 p.m. Set up for screening of kids . (Fisk Gym)

5:00 p.m. Practice complete physical exams with former Coalitioners as preceptors. (Light 311)

Wednesday, June 4

C.O.'s

9:30 a.m. Discussion about trip to Guthrie. Light 307

10:00 a.m. Sizing up a community. Who's who? Where's the power? David Chavis Light 307

11:00 a.m. Local fund raising. David Chavis Light 307

12:00 noon LUNCH

1:00 p.m. Facilitating meetings- encouraging participation, identifying needs, decision making, and working out strategies. Jamie Cohen and Andrea Levere. (Light 307)

2:30 p.m. Building an organization - how to keep it going and increase in numbers. Jamie Cohen and Andrea Levere. (Light 307)

Health Ed.

8:00 a.m.

1:00 p.m.

2:30 p.m.

Red Cross 'Parenting' Course (Hillwood High School, Home Ec. Dept.)

LUNCH

Building an organization- how to keep it going and increase in numbers. Jamie Cohen and Andrea Levere. (Light 307)

Med. Examiners

8:00 a.m.

12:00 noon

1:30 p.m.

Give physical examinations to kids. (Fisk Gym)

LUNCH

Discussion on examination of kids. (Light 311)

Visits to V.A. Hospital Urology Dept. for prostate exams.

Work on supplies. (CHS)

* 9:00 p.m.

*****NIGHTLIFE IN NASHVILLE*****

Thursday, June 5

C.O.'s

10:00 a.m.

Funding and community organizing for primary health care.

Jay Harrington (Light 307)

12:00 noon

LUNCH

1:00 p.m.

Entering the community. What to do day to day. Jennifer Garshman and Mary Francis Haerr (Light 307)

6:00 p.m.

Trip to Guthrie Health Council meeting. (Meet at CHS)

Health Ed.

8:00 a.m.

Approaching a community in relation to health education.

Laura Echols (CHS)

9:30 a.m.

Group discussion on summer project. (CHS)

12:00 noon

LUNCH

1:00 p.m.

Entereing the community. What to do day to day. Jennifer Garshman and Mary Francis Haerr (Light 307)

2:00 p.m.

Inventory of Health Education supplies. (CHS)

Med. Examiners

8:00 a.m.

Give physical examinations to keds. (Fisk Gym)

12:00 noon

LUNCH

1:00 p.m.

Finish preparing supplies for health fairs. (CHS)

Friday, June 6

* 10:00 a.m.

Overview of the Center for Health Services - where you can plug in, and "Financial Follies". Kathy Hearne (CHS)

* 10:30 a.m.

Guest Speaker*****Pep Talk

* 11:00 a.m.

Tying up loose ends. Questions and answers(?)

* 1:00 p.m.

Beginning of Retreat Weekend!!!!

Montgomery Belle State Park

2:00

Family Planning at Planned Parenthood